

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90060 037 \*\*\*158.75

DOCUMENT # P93000012617

1. Corporation Name

WOLF TECHNOLOGIES, INCORPORATED

Principal Place of Business

7751 BELFORT PARKWAY  
SUITE 320B  
JACKSONVILLE FL 32256  
US

Mailing Address

7751 BELFORT PARKWAY  
SUITE 320B  
JACKSONVILLE FL 32256  
US

2. Principal Place of Business

21 3047-4 St. Johns Bluff Rd. S.  
Suite, Apt. #, etc.

2a. Mailing Address

26 3047-4 St. Johns Bluff Road S.  
Suite, Apt. #, etc.

City & State

23 Jacksonville, FL 32246

City & State

28 Jacksonville, Florida

Zip

24 32246

Country

25 USA

Zip

29 32246

Country

30 USA

9. Name and Address of Current Registered Agent

WOLFF, LISA M  
7751 BELFORT PARKWAY  
SUITE 320B  
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1993

4. FEI Number

59-3163947

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒

No

10. Name and Address of New Registered Agent

81 Name

Wolff, Lisa M.

82 Street Address (P.O. Box Number is Not Acceptable)

3047-4 St. Johns Bluff Rd. South

83

84 City

Jacksonville

FL

85 Zip Code

32246

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Lisa M. Wolff - President

1-16-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTS  
WOLFF, LISA M  
3928 BRAMPTON ISLAND COURT SOUTH  
JACKSONVILLE FL

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
SANDEEP, LAROA  
451 MONUMENT ROAD, #1308  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-99 904-636-9653

CR2E034 (1/98)

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