FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000026068 (5)

1. Corporation Name
WOLF CREEK TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
1025 SW MARTIN DOWNS BLVD. SUITE 202 PALM CITY FL 34990 US	1025 SW MARTIN DOWNS BLVD. SUITE 202 PALM CITY FL 34990 US

3. Date Incorporated or Qualified: 04/02/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 1764 SW ST. ANDREWS DR
Suite, Apt. #, etc.
22
City & State
23 PALM CITY, FL
Zip
24 34990
Country
25 US

2a. Mailing Address
26 1764 SW ST. ANDREWS DR
Suite, Apt. #, etc.
27
City & State
28 PALM CITY, FL
Zip
29 34990
Country
30 US

4. FEI Number: 65-0408770 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SANDERS, MARYANN
1764 SW ST ANDREWS DR
~~BLDG #~~
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	SANDERS, MARYANN	
STREET ADDRESS	1764 SW ST ANDREWS DR	
CITY-ST-ZIP	PALM CITY FL	
TITLE	VD	☒ DELETE
NAME	BISHOP, LINDA	
STREET ADDRESS	2340 NE 45TH ST	
CITY-ST-ZIP	LIGHTHOUSE POINT 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	VD	☐ Change ☒ Addition
2.2 NAME	TOM SANDERS	
2.3 STREET ADDRESS	1764 SW ST. ANDREWS DR	
2.4 CITY-ST-ZIP	PALM CITY, FL 34990	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: MaryAnn Sanders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARYANN SANDERS

4-30-96
Date

407-288-7070
Daytime Phone #

CR2E034 (12/95)