PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000061109 1. Corporation Name

WOLFGANGS, INC.

l '	
11 SE FIRST AVENUE GAINESVILLE FL 32601 US	
GAINESVILLE FL 32601	
lus	

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90071 049 ***150.00



Principal Place of Business Mailing Address						I indicate the case that seem on		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
11 SE FIRST AV	VENUE	2765 LEEWARD LANE							
GAINESVILLE FI	L 32601	NAPLES FL- 33940			DO NOT WRITE IN THIS SPACE				
US						3. Date Incorporated or Qualifed			
						08/27/1993			
2 Dringing Di	ace of Business	2a. Mailing Address				4. FEI Number		- An	plied For
	ace of business					65-0438029		 	t Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.				03 0430020	-	\$8.75 A	
	#, etc.	27				5. Certifcate of Status Desired		Fee Re	,
City & State	granica de la compressión de l	- City & State-				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added to	
Zip	Country	Zip	Count	ry		8. This corporation owes the curr	ent year Inta	ngible	
24	25	29 34/03 30	<u> </u>	•		Personal Property Tax.			□No
24	9. Name and Address of Current		1	_		10. Name and Address of New F	egistered A	gent	
		<u> </u>	8	1 Name	Э				
KIPP	, CAROLE J.		-	1		CO C	- LIAN		
2765 LEEWARD LANE			8	2 Stree	t Addre	ss (P.O. Box Number is Not Accepta	ibie)		Ì
. SUIT	E 270		la la	3					
	LES FL 34103			<u> </u>					
			8	4 City			FL	85 Zip (Code
	60 60 650	1 007 4500 Florida Chatalan	<u> </u>	1	d corno	ration submits this statement for the		hanging its	registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	i Florida. Such change was auth	ionzea t	v the cor	poration	n's board of directors. I hereby accep	of the appoint	tment as re	gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statute	es.					
SIGNATURE							DATE		
	Signature, typed or printed name of registered agent		13.	gent signature	e required	when reinstating) ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
12.	OFFICERS AND	DELETÉ	1.1 TITLE		-T	ADDITIONS/CHANGES TO CI	TOLINO / LIN	Change	Addition
TITLE	D DADBADA I	- OCCETE		='				_ ,	_
NAME	KIPP, BARBARA L		1.2 NAM						
STREET ADDRESS	1404 N.W. THIRD AVE.			ETADORES	8				
CITY-ST-ZIP	GAINESVILLE FL 32603		1.4 CITY		+			Change	Addition
TΠLE	0	☐ DELETE	2.1 TITLE	_				□ ourningo	
NAME	KIPP, CAROLE J	ļ.	2.2 NAM	E					İ
STREET ADDRESS	2768 LEEWARD LANE		2.3 STR	ET ADORES	s				ļ
CITY-ST-ZIP	NAPLES FL 34103		2.4 CITY	·ST-ZIP					TA LEGGE
TITLE	D	☐ DELEȚE	3.1.TITLI	Ē				- [=] Change	Addition.
NAME	AUSTIN, ARLENE F		3.2 NAM	E	1				}
STREET ADDRESS	1036 LAKE SHORE CT		3.3 STR	ETADORES	s				
CITY-ST-ZIP	NAPLES FL 34103		3.4. CITY	-ST-ZIP					
TITLE		☐ DELETE	4.1 TITU	=		•		Change	Addition
NAME			4. 2 NAM	E					

6.4 CITY-ST-ZIP 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Change

Change

☐ Addition

☐ Addition