FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996	DIVISION OF	CORPORAT	JONS					
1. Corporatio	011 140.116	00064002 (7	<u>')</u>						
WOLF	FIES HOLLYWOOD RESORT,	, INC.							
Principal Place		Mailing Address				n immiamat alm imima abita matai muti	ii Bl illi Da lea (.E)((00)(0 ((0) 100)
	PLUNKETT STREET OD FL 33020	2015-2027 PLUNKETT (HOLLYWOOD FL 33020							
					3.	Date Incorporated or Qualified 09/14/1993		e of Last ()5/01/1	•
	Place of Business	2a. Mailing Address			4.	. FEI Number		,,,,,	Applied For
Suite, Apt.	# cir	Cuito Apt # ata				65-0438585			Not Applicable
City & State	,	Suite, Apt. #, etc.	-	····	5.	. Certificate of Status Desired			5 Additional Required
Zip		City & State	=· _F			Election Campaign Financing Trust Fund Contribution		Adde	00 May Be ed to Fees
∠ip 24	Country 25	Zip 29	Country	ý	8.	This corporation has liability for in		ix under s	s 199.032,
	9. Name and Address of Current		30			Florida Statutes Yes Name and Address of New Re		· ·4	
			81	Name		Name and Address of her in	agistereu ,	Agent	
	, Stephen M		82			O. Box Number is Not Acceptable	·		
3900 H	IOLLYWOOD BLVD		82 Street Addres			.O. Box Number is not Acceptable	e)		
	OUSE EAST		83						
HOLLY	WOOD FL 33021-6732		84	City		tama a sa manga 1949 dalam managan pada dalam da mayayay na padada dan hair dayayaya		Tac 7	ip Code
11 Pursuant t	to the provisions of Continue 607 (1600)	1007 (500 Florida Diolida	! !	1	·	W. 188 Shinds	FL	1 1	•
or register	to the provisions of Sections 607,0502 a red agent, or both, in the State of Fforda ith, and accept the obligations of Section	a. Such change was authorize	a, the above-rd by the corp	named co poration's	orporation s board of di	submits this statement for the purp irectors. I hereby accept the appo	ose of cha	nging its	registered office
	ith, and accept the obligations of, Section	n 607.0505, Florida Statutes.	•		~ -	Approximate the second	HILLINGES, C.	Tugioroi ou	Jayon, ran
	Signature, typed or printed name of registered agent an		E: Registered Agen	nt signature re	recurred when re	elns talina)	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		DIRECTO	DRS IN 12
TITLE	D LANG MOLEGANO	DELETE	1. 1 TITLE		Pres:	ident		Change	Addition
NAME STREET ADDRESS	LANG, WOLFGANG		1.2 NAME		LANG	, Wolfgang		•	
STREET ADDRESS CITY-ST-ZIP	30 SE 4TH AVE APT 210 HALLANDALE FL 33009		1.3 STREET		2027	S Plunkett Street	t		
TITLE	MALLANDALE FL SOUR	[] DELETE	14 CHY- ST	T-ZIP	HOTT?	ywoxl, FL 33020			
NAME		L) Decemb	2 1 THTLE 2.2 NAME	Ī			L] Change	Addition
STREET ADDRESS			2.2 NAME 2.3 STREET	innecco	ļ				
CITY-S1-ZIP			2.3 STREET	- 1					
TITLE		DELETE	3. 1 THEF					1 Change	Addition
NAME	I		3.2 NAME				-	J Vilang.	Taranna.
STREET ADDRESS	I		3.3 STREET	ADDRESS					
CITY-SI-7IP		man or pass	3.4 CITY- \$1	1-2IP				_	
TITLE	I	DELETE	4. 1 TITLE			***************************************		Criange	Addition
NAME STREET ADDRESS			4.2 NAME						
			4.3 STREET A						
CITY-ST-ZIP TITLE		[] DELETE	4.4 CITY - ST	· Z(P					
NAME		L. OLCER	5. 1 TITLE 5.2 NAME				لـا	Change	Modilion
STREET ADDRESS			5.2 NAME 5.3 STREET A	*UUDEGG					
CITY-ST-ZIP			5.3 STREET A	i					
TITLE		[] DELETE	6 1 TITLE	-211	······		<u> </u>	Change	Addition
NAME			62 NAME				l1	Unango	Modition
STREET ADDRESS			63 STREET A	ADDRESS					
CHY-ST-ZIP			64 CITY-ST-	- 7IP					
14. I do hereby	certify that the information supplied with	n this filma is voluntarily furnish	apoh bne ber	not qualif	if for the co	resistion stated in Postion 110 07	2016 1 Fig. 1		

4. 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:

SIGNATURE HOTEL HATE OF SIGNING OFFICER OF DIRECTOR

03 /29 /96

954-923-16

CR2E034 (12/95)

Daytime Phone