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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P93000067104 (8)**

1. Corporation Name
WILDFIRE, INC.

Principal Place of Business	Mailing Address
915 MIDDLE RIVER DR SUITE 318 FT LAUDERDALE FL 33304	915 MIDDLE RIVER DR SUITE 318 FT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0459562	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 408 South Andrews Ave	26 408 South Andrews Ave
Suite, Apt. #, etc. 22 Suite 201	Suite, Apt. #, etc. 27 Suite 201
City & State 23 Ft. Laud., Fla.	City & State 28 Ft. Laud., Fla.
Zip / Country 24 33301 / 25 Broward	Zip / Country 29 33301 / 30 Broward

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FILINGS, INC. 3732 NW 16TH ST FT LAUDERDALE FL 33311	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
Signature of new registered agent (if applicable) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	STROEHLE, JOHN	12 NAME	STROEHLE, John
STREET ADDRESS	915 MIDDLE RIVER DR SUITE 318	13 STREET ADDRESS	408 S. Andrews Ave. Suite 201
CITY ST ZIP	FT LAUDERDALE FL 33304	14 CITY ST ZIP	Ft. Laud., Fla. 33301
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	SCHALLER, CHARLES	22 NAME	Schaller, Charles
STREET ADDRESS	915 MIDDLE RIVER DR SUITE 318	23 STREET ADDRESS	408 S. Andrews Ave. Suite 201
CITY ST ZIP	FT LAUDERDALE FL 33304	24 CITY ST ZIP	Ft. Laud., Fla. 33301
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: C.R. SCHALLER, PRES. 4/17/95 (305) 764-4544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0012114 CP