

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 # **P94000007800 (3)**

1. Corporation Name
WOLFE, YOUNG, O'BAKER & CO., INC.



Principal Place of Business: ~~224 ANNIE STREET ORLANDO FL 32806~~
Mailing Address: ~~224 ANNIE STREET ORLANDO FL 32806~~

3. Date Incorporated or Qualified: **01/24/1994**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 101 Sunnyside Road	26 101 Sunnyside Road	59-3235341	Not Applicable
22 Suite 200	27 Suite 200	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Casselberry, Florida 32707	28 Casselberry, Florida 32707	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 32707	25 Seminole	29 32707	30 Seminole
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

YOUNG, LONNIE 224 ANNIE STREET ORLANDO FL 32806		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)	101 Sunnyside Road	
		83	Suite 200	
		84 City	FL	85 Zip Code 32707

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, LONNIE	1.2 NAME	
STREET ADDRESS	224 ANNIE STREET	1.3 STREET ADDRESS	101 Sunnyside Road, Suite 200
CITY-ST-ZIP	ORLANDO FL 32806	1.4 CITY-ST-ZIP	Casselberry, Florida 32707
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ DATE: **4/17/96** TELEPHONE: **407 339 9000**

CR2E034 (12/95)