

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000025441 (4)

1. Corporation Name

COLIN WOLF ENTERPRISES, INC.



Principal Place of Business

1101 SE 16 TERR
CAPE CORAL FL 33990

Mailing Address

1101 SE 16 TERR
CAPE CORAL FL 33990

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

WOLF, COLIN
1101 SE 16 TERR
CAPE CORAL FL 33990

3. Date Incorporated or Qualified

04/04/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0475132

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. Has corporation had liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 607.0112 and 607.1502, 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. Thereby, accept the appointment as registered agent, I am familiar with, and accept the obligation of, Section 607.0112, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-STATE-ZIP	9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY-STATE-ZIP	13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY-STATE-ZIP	17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY-STATE-ZIP
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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 its supplement or financial 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, and the necessary powers are bestowed 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 in an addition to Block 13.

SIGNATURE

COLIN C. WOLF

4/16/96 (940) 772-3401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)