FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	JAL REPORT 1998	7.7	ry of State CORPORATIONS	Secretary	of State
		0039607 (4)	· · · · · · · · · · · · · · · · · · ·		
OUTLO	OK VILLAGE INC.				
Principal Plac	e of Business	Mailing Address			1411 0 1 0 14 0 01441 00414 1044 1001
6301 58TH STREET, N. 6495 59TH CT. NO					
OFFICE PINELLAS PARK FL 34665 PINELLAS PARK FL 34665 US				DO NOT WRITE IN TH	IS SPACE
US CAN	INK FL 34003	03		3. Date Incorporated or Qualified	
				05/23/1994	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			65-0496026	Not Applicable	
22	π, σ ιο.	27		5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	ie	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 g. Name and Address of Curre	29 Accept Agent	30]	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
Wic		it magnetorou Agent	81 Name	18, Name Bild Address of New Hogister	au Agent
WOLF, MUNALU			(5.0.0)		
PINELLAS PARK FL 34665			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
• ••			83		
			84 City		. 85 Zip Code
office or r	registered agent, or both, in the State	e of Florida. Such change was a	authorized by the corpo	corporation submits this statement for the purpose eration's board of directors. I hereby accept the a	e of changing its registered popointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Fig	orida Statutes.		
SIGNATURE	0. =				
	Signature, typed or printed name of registered ag	ont and title if applicable (NOT)	E. Registered Agent's gnature re	equired when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·
12.		ont and inte if applicable (NOTI ID DIRECTORS	Registered Agent signature re	aquired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	OFFICERS AN				
	OFFICERS AN DP WOLF, RONALD	ID DIRECTORS	13.		ND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	OFFICERS AN DP WOLF, RONALD 6495 59TH CT N	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		ND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN DP WOLF, RONALD 6495 59TH CT N PINELLAS PARK FL	ID DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		ND DIRECTORS IN 12 Change Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN DP WOLF, RONALD 6495 59TH CT N PINELLAS PARK FL DV WOLF, ROBERT	ID DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		ND DIRECTORS IN 12 Change Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN DP WOLF, RONALD 6495 59TH CT N PINELLAS PARK FL DV WOLF, ROBERT 11301 GROVE ST N	ID DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		ND DIRECTORS IN 12 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN DP WOLF, RONALD 6495 59TH CT N PINELLAS PARK FL DV WOLF, ROBERT 11301 GROVE ST N SEMINOLE FL DST	ID DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		ND DIRECTORS IN 12 Change Addition
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TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN DP WOLF, RONALD 6495 59TH CT N PINELLAS PARK FL DV WOLF, ROBERT 11301 GROVE ST N SEMINOLE FL DST WOLF, WALTER 6301 58TH ST. NO. #102	ID DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREEL ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREEL ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		ND DIRECTORS IN 12 Change Addition Change Addition
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14. Thereby 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.

M- ROBERT & WOLF

4-7-20

(817) CUV- 1719

FILED

Apr 10 1998 8:00am