

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 DEC 16 AM 9:48

DOCUMENT # P94000067531 (1)

1. Corporation Name

WOLVERINE ENGINEERING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

Principal Place of Business Mailing Address
4751 SW 160TH AVE 4751 SW 160TH AVE
FT LAUDERDALE FL 33331 FT LAUDERDALE FL 33331

2. Principal Place of Business

2a. Mailing Address

21	26	4. FEI Number	3a. Date of Last Report
Suite, Apt. #, etc.	Suite, Apt. #, etc.	65-0519807	08/14/1995
22	27	5. Certificate of Status Desired	Applied For
City & State	City & State	<input type="checkbox"/>	Not Applicable
23	28	6. Election Campaign Financing	\$8.75 Additional
Zip	Country	Trust Fund Contribution	Fee Required
24	25	29	30
City & State	City & State	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	\$5.00 May Be Added to Fees
24	25	29	30
City & State	City & State	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BIEBER, MARIA E
4751 SW 160TH AVE
FT LAUDERDALE FL 33331

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
85 Zip Code

FL

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

MARIA EUGENIA BIEBER

11-23-96

Signature, typed or printed name of registered agent and fee if applicable.

(NAME: Registered Agent's signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIEBER, MARIA E	1.2 NAME	
STREET ADDRESS	4751 SW 160TH AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL 33331	1.4 CITY - ST - ZIP	900002032909--1
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	-12/18/96--01101-001 Addition
NAME		2.2 NAME	****375.00 ****375.00
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-96

Date

954-680-3833

Daytime Phone #