

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

1995 MAR -6 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071898 (8)

1. Corporation Name

WOLVERINE INDUSTRIES, INC.

Principal Place of Business

**8181 W. BROWARD BLVD., #300
PLANTATION FL 33324**

Mailing Address

**8181 W. BROWARD BLVD., #300
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/27/1994

3a. Date of Last Report

4. FEI Number

65-0524568

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

21 2629 NW 60th Way

2a. Mailing Address

26 2629 NW 60th Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

27 SUNRISE, FL

City & State

28 SUNRISE FL

Zip

24 33313

Country

25 USA

Zip

29 33313

Country

30 USA

9. Name and Address of Current Registered Agent

**DREW, SHARON L
8181 W. BROWARD BLVD., #300
PLANTATION FL 33324**

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 607.0502 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

(Type, typed or printed name of registered agent and title of agent)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
PD	DRES, SHARON L	2629 N.W. 60TH WAY	SUNRISE FL 33324
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	☐ Change	☐ Addition
3.1 TITLE <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> <td>3.4 CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	☐ Change	☐ Addition
4.1 TITLE <td>4.2 NAME</td> <td>4.3 STREET ADDRESS</td> <td>4.4 CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	☐ Change	☐ Addition
5.1 TITLE <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	☐ Change	☐ Addition
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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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. If 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 13, if changed, or on an attachment with an address.

SIGNATURE:

Sharon L. Drew

SHARON L. DREW

2/28/95 305-4752500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed