


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

FILED

Jan 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000033565 (9)**

1. Corporation Name
WOLF AT THE DOOR CO.

Principal Place of Business 2753 N.E. CAPITAL CIRCLE TALLAHASSEE FL 32308	Mailing Address P.O. BOX 15588 TALLAHASSEE FL 32317-5588
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/28/1995	3a. Date of Last Report 07/17/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3314526		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MINNICK, BRUCE A ESO. 2810 REMINGTON GREEN CIR. TALLAHASSEE FL 32308				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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	MCDANIEL, MELUNDA			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3129 ELWOOD RD.				
CITY - ST - ZIP	TALLAHASSEE FL 32308				
TITLE		<input type="checkbox"/> DELETE		21 TITLE	
NAME				22 NAME	
STREET ADDRESS				23 STREET ADDRESS	
CITY - ST - ZIP				24 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		31 TITLE	
NAME				32 NAME	
STREET ADDRESS				33 STREET ADDRESS	
CITY - ST - ZIP				34 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		41 TITLE	
NAME				42 NAME	
STREET ADDRESS				43 STREET ADDRESS	
CITY - ST - ZIP				44 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		51 TITLE	
NAME				52 NAME	
STREET ADDRESS				53 STREET ADDRESS	
CITY - ST - ZIP				54 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		61 TITLE	
NAME				62 NAME	
STREET ADDRESS				63 STREET ADDRESS	
CITY - ST - ZIP				64 CITY - ST - ZIP	

14. I do hereby 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.

SIGNATURE: *BRUCE A MINNICK* **BRUCE A MINNICK** 1/27/97 386 9444
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #