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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

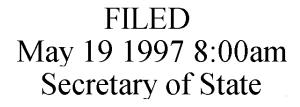
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000041539 (4)

SHEILA T. WOLF, INC.

Principal Place of Business

Mailing Address





7501 NW 4TH ST #112 PLANTATION FL 33317		7501 NW 4TH ST #112 PLANTATION FL 33317-224	7501 NW 4TH ST #112 PLANTATION FL 33317-2246					
					3. Date Incorporated or Qualified 05/26/1995	3a. Date of Las 04/02/199		
· ·	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	4. FEI Number Applied For		
21		26			65-0488317	65-0488317 Not Applicab		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	<u> </u>		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country	Zip	Zip Country		8. This corporation has liability for intangible tax under s. 199.03		er s. 199.032,	
24	25		30	Florida Statutes Yes X No				
	9. Name and Address of (Current Registered Agent		1	10. Name and Address of New Re	jistered Agent		
	CHHOLDER, BARRY L		81	Name				
	1 NW 4TH ST #112		82 Si		et Address (P.O. Box Number is Not Acceptable)			
PLA	NTATION FL 33317			ļ				
			83					
			84	City		FL 85 Z	Zip Code	
Office or r	registered agent, or both, in the	07.0502 and 607.1508, Florida Statuto : State of Florida. Such change was a obligations of, Section 607.0505, Flo	uthorized b	v the corr	corporation submits this statement for the poration's board of directors. I hereby accept	urnose of changin	ig its registered as registered	
SIGNATURE	Signature, typod or printed name of regist	-			required when reinstaing)	DA1E	·	
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		ORS IN 12	
TITLE	D	☐ DELETE	1.1 1)11.6			Chang	·	
NAME	WOLF, SHEILA T		1.2 NAME					
STREET ADDRESS	1600 NW 128TH DR #10	2	13 STREET	ADDRESS				
CITY-ST-ZIP	SUNRISE FL 14		14 CITY-5	I - ZIP				
TITLE		DELETE	21 1171 F			Chang	ge Addition	
NAME			22 NAME					
STREET ADDRESS			2 3 STRLE	ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-7IP					
TITLE		DELETE	3.1 THLE			☐ Chang	ge Addition	
NAME			3.2 NAME					
STREET ADDRESS		•	3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-	S1 - ZIP				
TITLE	DELETE 4.		4.1 TITLE			Chang	ge 🔲 Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S	T- 7IP				
TITLE		DELETE	5.1 TITLE			☐ Chanç	ge 🔲 Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - S	1 - 7IP				
TITLE		DELETE	61 TITLE			☐ Chang	ge Addition	
NAME			6.2 NAME	I				
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY - S					
intormatio I am an ol	on indicated on this annual repo ifficer or director of the corporal	rt or supplemental annual report is tri	ue and accu pred to exec	irate and	ated in Section 119.07(3)(i), Florida Statutes that my signature shall have the same legal eport as required by Chapter 607, Florida St	affect so if made	under oath: that	