

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

FILED

Apr 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000051890 (8)**

1. Corporation Name  
**WOLFE HOSPITALITY, INC.**

Principal Place of Business <b>10544 N.W. 3RD STREET PLANTATION FL 33324</b>	Mailing Address <b>10544 N.W. 3RD STREET PLANTATION FL 33324</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/05/1995**

4. FEI Number

**65-0591969**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 *Name a*  
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 *above*  
City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

9. Name and Address of Current Registered Agent

**WOLFE, CAROL  
10544 N.W. 3RD STREET  
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

*Carol Wolfe*  
Signature, typed or printed name of registered agent, if title is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/1/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WOLFE, CAROL</b>	
STREET ADDRESS	<b>10544 N.W. 3RD STREET</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WOLFE, FLOYD</b>	
STREET ADDRESS	<b>10544 NW 3RD ST</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COMPTON, ROBERTA</b>	
STREET ADDRESS	<b>222 BENTWOOD DRIVE</b>	
CITY-ST-ZIP	<b>DELRAN NJ</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add.
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

*Carol Wolfe*

**4/1/98 80257-7050**