

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90259 039 \*\*\*150.00

DOCUMENT # P95000051890

1. Corporation Name  
WOLFE HOSPITALITY, INC.

Principal Place of Business  
10544 N.W. 3RD STREET  
PLANTATION FL 33324

Mailing Address  
10544 N.W. 3RD STREET  
PLANTATION FL 33324

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 the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

21 4519 Wokker Dr

2a. Mailing Address

26 4519 Wokker Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22 Lake Worth

City & State

28 Fla

Zip 33467

Country

Zip

Country

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME WOLFE, CAROL  
STREET ADDRESS 10544 N.W. 3RD STREET  
CITY-ST-ZIP PLANTATION FL 33324

TITLE D  
NAME WOLFE, FLOYD  
STREET ADDRESS 10544 NW 3RD ST  
CITY-ST-ZIP PLANTATION FL

TITLE D  
NAME COMPTON, ROBERTA  
STREET ADDRESS 222 BENTWOOD DRIVE  
CITY-ST-ZIP DELRAN NJ

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 4519 Wokker Dr  
1.3 STREET ADDRESS Lake Worth Fl 33467  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME 4519 Wokker Dr.  
2.3 STREET ADDRESS Lake Worth Fl 33467  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/99

800 257-7050

CR2E034 (11/98)