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 May 10, 1999 8:00 am Secretary of State

05-10-1999 90253 032 ***150.00

1. Corporati	JMENI# P 9500	00061649 (6)	V	_		
Wolverine Demplition, Inc.				To gitte one to		
Principal Pla	ace of Business	Mailing Address				
14 24						
Ta	6 Gateway Lane mpa, F1. 33613	Sam e	* ***	. DO NOT WRITE IN TH	IS SPACE	
				3. Date incorporated or Qualifed 9964-1996	_	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	<u> </u>	plied For
21		26	_	59-3392942	<u> </u>	ot Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75	
City & Sta	ate	27 City 9 State	· · · · · · · · · · · · · · · · · · ·	5. Conflicate of Status Desired	Fee Re	quired
23		City & State		6. Election Campaign Financing	\$5.00	May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added t	to Fees
24	25	29	30	This corporation owes the current year! Personal Property Tax.		
	9. Name and Address of Current		1301	10. Name and Address of New Registere	d Agent	□No
1			81 Name	- Italian Ital	a Agent	
	Spinner, Richard		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
816 Gateway Lane			Street Add	press (P.O. Box Number is Not Acceptable)		
Tampa, F1. 33613			83			
	The same of the sa		84 City		85 Zip C	2040
44 Pistougos	to the considere of Outline COT OFFICE		1 1 1	F		
office or	registered agent, or both, in the State of	2 and 507.1508, Florida Statut of Florida. Such change was a	es, the above-named com uthorized by the corporati	poration submits this statement for the purpose clon's board of directors. I hereby accept the appe	changing its	registered
agent. I a	am familiar with, and accept the obligati	ions of Section 607 0605 Ele			umment as red	
		10/13 01, 360tion 607.0303, Fig	nda Statutes,	1		gistered
SIGNATURE	:		illa Olatutas,	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		gistered
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature require	ed when reinstating) DATE	·	
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE D DIRECTORS	illa Olatutas,	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	ND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND Richard T. Spin	and title if applicable. (NOTE D DIRECTORS nner, Jr DELETE	Registered Agent signature require	ed when reinstating) DATE	·	
SIGNATURE 12. TITLE P D	Signature, typed or printed name of registered agent OFFICERS AND Richard T. Spin 816 Gateway Lan	rand title if applicable. (NOTE D DIRECTORS nner, Jr. ne	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	ed when reinstating) DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE P D STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND Richard T. Spit	rand title if applicable. (NOTE D DIRECTORS nner, Jr. ne	Registered Agent signature require 13.	ed when reinstating) DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE P D STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND Richard T. Spin 816 Gateway Lan Tampa, Fl. 336	rand title if applicable. (NOTE D DIRECTORS nner, Jr. ne	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating) DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE P D STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND Richard T. Spir 816 Gateway Lar Tampa, Fl. 3361	ond title if applicable. (NOTE D DIRECTORS nner, Jr. ne	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating) DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE P D STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND Richard T. Spir 816 Gateway Lar Tampa, Fl. 3361	ond title if applicable. (NOTE D DIRECTORS nner, Jr. ne	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ed when reinstating) DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE P D STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND Richard T. Spir 816 Gateway Lar Tampa, Fl. 3361	rand title if applicable. (NOTE D DIRECTORS nner, Jr. ne 13	Registered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ed when reinstating) DATE	NND DIRECTO Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE P D STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND Richard T. Spir 816 Gateway Lar Tampa, Fl. 3361	ond title if applicable. (NOTE D DIRECTORS nner, Jr. ne	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP 3.1 TITLE	ed when reinstating) DATE	ND DIRECTO	RS IN 12
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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, Elecute 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:

CR2E034 (11/98)

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