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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000069182

1. Corporation Name

WOLF & WOLF INTERNATIONAL, INC.

Principal Place	e of Business	<del> </del>	Mail	ing Address					( (	<b>40</b> 111		
255 S ORANGE	AVE		200 E	ROBINSON ST								
955 ORLANDO FL 32801		500 ORLA	500 Orlando FL 32801				DO NOT WRITE IN THIS SPACE					
US		US						3. Date Incorporated or Qualifed				
									09/05/1995			
2. Principal Pl	lace of Busines	SS	2a. 1	Mailing Address			•		4. FEI Number		App	olied For
21			26	26					59-33371 <u>05</u>			t Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc					5. Certificate of Status Desired			dditional
			27								Fee Re	<u></u>
City & State			(	City & State					<ol><li>Election Campaign Financing</li></ol>	<sup>ng</sup> □	\$5.00	, ,
23			28						Trust Fund Contribution		Added to	o Fees
Zip		Country	$\vdash$	Zip		untry			8. This corporation owes the o	urrent year Int		□No
24	2		29		30	T			Personal Property Tax.	Denistered		LINO
	9. Name a	nd Address of Curren	t Registe	ered Agent		81	Name		10. Name and Address of Ne	w Registered	Agent	
ELO		RATE SUPPORT, IN	r			*'	wame					
		N ST., STE. 500	Ο.			82	Street /	Addres	s (P.O. Box Number is Not Acce	eptable)		
1	ANDO FL 32											
, OND	ANDO FL 32	7U I				83						į
						84	City			FI	85 Zip C	Code
11. Pursuant	to the provisio	ns of Sections 607.050	2 and 607	7.1508, Florida Statu	ites, the a	above	-named	corpor	ation submits this statement for 's board of directors. I hereby ac	the purpose of	changing its ntment as reg	registerea gistered
office or n agent. I a SIGNATURE	ım familiar with	, and accept the obligat	tions of, S	Section 607.0505, FI	orida Sta	tutes.	the corpo					
agent. I a	ım familiar with	, and accept the obligat	tions of, S	Section 607.0505, FI	Orida Stal	tutes. d Agen	the corpo		when reinstating)	DATE		
agent. I a SIGNATURE 12.	Signature, typed or	, and accept the obligat	tions of, S	applicable. (NOT	E: Registere	tutes. d Agen	the corpo	equired w	when reinstating)  ADDITIONS/CHANGES TO	DATE	ID DIRECTO	
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14. 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 one an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP