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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000088365 (8)

DIRE WOLF, INC.

Principal Place of Business	Mailing Address			
7134 COLLINS AVE MIAMI BEACH FL 33141	7134 COLLINS AVE MIAMI BEACH FL 33141			
2. Principal Place of Business	2s. Mailing Address			

FILED Apr 27 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualified			
2. Principal Place of Business 2. Mailing Address				11/17/1995 4. FEI Number Applied For				
	lace of Business	2a. Mailing Address				pplied For		
Suite, Apt.	# atc	Suite, Apt. W. etc.			eo 75	ot Applicable		
22 27		27			E Continue to other transfer of the state of	tificate of Status Desired See Required \$8.75 Additional		
City & State City & State		City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				to Fees		
Zıp	Country	Zip	Count	ry	8. This corporation owes or has paid the current year in			
24 25 29 30 9, Name and Address of Current Registered Agent			30	Personal Property Tax due June 30. Y Yes No 10. Name and Address of New Registered Agent				
<u> </u>		nt Registered Agent		81 Name				
SOROTA, ALAN M ESO.			ľ	of lifetine				
	NSTEIN & SOROTA, P.A.		8	82 Street Address (P.O. Box Number is Not Acceptable)				
) N.W. 165TH ST., PENTHOUSE	4 - CITICENT	Ļ	83				
MI/	AMI FL 33169		8	3				
			8	4 City	- 85 Zip	Code		
					FL [*]			
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	Signature, typed or printed name of registried ag	ent and tile il applicable (NOTE	Registered #	gent signature re	equired when reinstating) OATE			
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12		
TITLE	DPŠT	☐ DELETE	1.1 TITLE		☐ Change	Addition		
NAME	KRASICK, SCOTT		1.2 NAM	Ε				
STREET ADDRESS	9221 E BAY HARBOR DR #2	21	1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	BAY HARBOR ISLAND FL		1.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE		☐ Change	☐ Addition		
NAME			2.2 NAM	Ε				
STREET ADDRESS			2.3 STRE	ET ADDRESS				
CITY-ST-ZIP			2. 4 CITY	-ST-ZiP				
TITLE		☐ DELETE	3 1 TITLE		Change	☐ Addition		
NAME			3.2 NAM					
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY	-ST-ZIP				
TITLE		☐ DELETE	4 1 TITLE		☐ Change	Addition		
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	ST-ZIP				
TITLE		DELETE	5.1 TITLE		Change	☐ Addition		
NAME			5.2 NAM					
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY	-ST-ZIP				
FITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition		
NAME			6.2 NAM					
STREET ADDRESS			6.3 STRE	ET ADORESS				

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 ennowered 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