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Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000015237 (6)**

1. Corporation Name  
**WOLCORP, INC.**

Principal Place of Business  
**215 NORTH EOLA DRIVE  
ORLANDO FL 32801**

Mailing Address  
**215 NORTH EOLA DRIVE  
ORLANDO FL 32801-2028**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/19/1996</b>	3a. Date of Last Report <b>N/A</b>
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>59-3403992</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24. Zip		25. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
26. Zip		27. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>JOHNSON, LORAN A 215 NORTH EOLA DRIVE ORLANDO FL 32801</b>		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. 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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DPAS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORTON, HENRY</b>	1.2 NAME	<b>MORTON, HENRY</b>
STREET ADDRESS	<b>1090 DON MILLS ROAD, SUITE 600</b>	1.3 STREET ADDRESS	<b>1090 DON MILLS ROAD, SUITE 600</b>
CITY-ST-ZIP	<b>CANADA M3C 3R6</b>	1.4 CITY-ST-ZIP	<b>DON MILLS, ONTARIO, CANADA MC3 3R6</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>DC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORTON, PAUL</b>	2.2 NAME	<b>MORTON, PAUL</b>
STREET ADDRESS	<b>1090 DON MILLS ROAD, SUITE 600</b>	2.3 STREET ADDRESS	<b>1090 DON MILLS ROAD, SUITE 600</b>
CITY-ST-ZIP	<b>CANADA M3C 3R6</b>	2.4 CITY-ST-ZIP	<b>DON MILLS, ONTARIO, CANADA MC3 3R6</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>DVPS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLATER, JOEL J</b>	3.2 NAME	<b>SLATER, JOEL K.</b>
STREET ADDRESS	<b>5009 PARK CENTRAL DRIVE</b>	3.3 STREET ADDRESS	<b>5009 PARK CENTRAL DRIVE</b>
CITY-ST-ZIP	<b>ORLANDO FL 32839</b>	3.4 CITY-ST-ZIP	<b>ORLANDO, FL 32839</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>DVP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>GOLDBERG, LAURENCE</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>488 HURON STREET</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>TORONTO, ONTARIO, CANADA M5R 2R3</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HENRY MORTON** 3/3/97 416-444-6660

CR2E034 (9/96)