

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

FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/19/1996	
21		26		4. FEI Number 59-3403992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country		
29	Zip	30	Country		

9. Name and Address of Current Registered Agent

**JOHNSON, LORAN A
215 NORTH EOLA DRIVE
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

Signature, typed for printed name of registered agent and filed if applicable

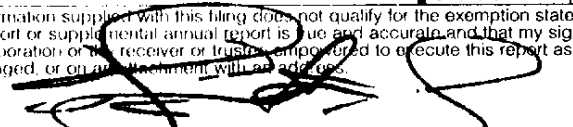
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPAS	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORTON, HENRY		1.2 NAME		
STREET ADDRESS	1090 DON MILLS ROAD, SUITE 600		1.3 STREET ADDRESS		
CITY - ST - ZIP	DON MILLS, ONTARIO, CANADA		1.4 CITY - ST - ZIP		
TITLE	DC	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORTON, PAUL		2.2 NAME		
STREET ADDRESS	1090 DON MILLS ROAD, SUITE 600		2.3 STREET ADDRESS		
CITY - ST - ZIP	DON MILLS, ONTARIO, CANADA		2.4 CITY - ST - ZIP		
TITLE	DVPS	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLATER, JOEL J		3.2 NAME	DVPS	
STREET ADDRESS	5009 PARK CENTRAL DRIVE		3.3 STREET ADDRESS	SLATER, JOEL K.	
CITY - ST - ZIP	ORLANDO FL		3.4 CITY - ST - ZIP	5009 Park Central Drive Orlando, Florida 32839	
TITLE	DVP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDBERG, LAURENCE		4.2 NAME		
STREET ADDRESS	488 HURON ST		4.3 STREET ADDRESS		
CITY - ST - ZIP	TORONTO, ONTARIO, CANADA		4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			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 its 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:



3-17-98 407-851-6252

CR2E034 (10/97)