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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000051637 (2)

WOLF, BECK & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

FILED May 14 1997 8:00am Secretary of State



6489 PARKLAND DRIVE SARASOTA FL 34243		6489 PARKLAND DRIVE SARASOTA FL 34243-4091		3. Date incorporated or Qualified	3a. Date	of Last	Report	
					06/14/1996	1		•
_	lace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26				Not Applicable		
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State 23		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	Country 30	<i>'</i>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			s. 199.032,
	9. Name and Address of Curre	nt Registered Agent		T	10. Name and Address of New Re	gistered Ag	ent	
	MELDORPH, HOWARD R JR.		81	Name				
6489 PARKLAND DRIVE SARASOTA FL 34243			82	82 Street Address (P.O. Box Number is Not Acceptable)				
O (# 1			83					
			64	City		FL	B5 Zq	p Code
agent. I a	egistered agent, or both, in the state im familiar with, and accept the oblig stonature, typod or printed name of registered ag				ation's board of directors. I heroby acceptions when reinstating)	DATE		as registered
12.		ID DIRECTORS	18.		ADDITIONS/CHANGES TO OFFIC			
TITLE	D Wolf F John	☐ DECETE	1.1 TITLE			L	Change	Addition
NAME	WOLF, E. JOHN 6489 PARKLAND DRIVE		1.2 NAME	. 40000000				
STREET ADDRESS CITY-ST-ZIP	SARASOTA FL 34243		1.3 STREE	T ADDRESS				
TITLE	0/40/00/1/10 0/12/0	DELFTE	2.4 TiTeE	31.511			Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STHEE	1 ADDRESS				
CITY-ST-ZIP			2.4 CITY-	ST-ZIP				
TITLE		DELETE	3 1 1111.1			Ł	J Change	e L Addition
NAME			3.2 NAME					
STREET ADDRESS				I ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4. C(TY - 4.1 T(T) E	ST- ZIP			Change	e 🔲 Addilio
NAME			4.2 NAME				J	
STREET ADDRESS			•	1 ADDRESS				
CITY-ST-ZIP			4.4 CHY-	SI-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	e Addition
NAME			5.2 NAME					
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CHY-	61 - ZIP			Change	e Addition
TITLE NAME			61 THLE 62 NAME			L.	U MING	o [] MOURION
STREET ADDRESS				I ADDRESS				
CITY-ST-ZIP			64 DAY-					
OD 1-31-FIL	L		0.40/11-	114 11				

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 eath; 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 of plant 36, or on a national management with an address.