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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000083554

1. Corporation Name

Principal Place of Business

WOLFGANG ENTERPRISES, INCORPORATED

5205 PLESS RO 2110 LAINDALE	PLACE	2110 LAINDALE PLACE VALRICO FL 33594 US			DO NOT WRITE IN THIS	SPAC	E		
VALRICO FL 33 US		us			3. Date Incorporated or Qualifed 10/07/1996				
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		+ ''	ied For	
2. Principal Place of Business 2a. Mailing Address 2b. Principal Place of Business 2c. Mailing Address 2c.					59-3414548	Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired Fee Rec					
City & State City & State City & State City & State					6. Election Campaign Financing Trust Fund Contribution	* 1			
Zip Country Zip Co 24 335// 25 V· J. A. 29 30				antry 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No					
	Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	\gent			
			81	Name					
SCHAUB, JOHN A. 2110 LAINDALE PLACE				Street	Address (P.O. Box Number is Not Acceptable)				
VALF	RICO FL 33594		83						
		•	84	City	FL	85	Zip Co	ode	
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. Need or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	Signature, typed or printed name of registered agent			t signature		D DID	COTOR	C IN 12	
12.	OFFICERS AND		mle	•	ADDITIONS/CHANGES TO OFFICERS AN	AST Ch		Addition	
TITLE	P. COLLAND MENNETH A		NAME		PRESIDENT, DIRECTOR SCHAUB KENNETH A 5205 PLESS RUAD	Z.I I O	ugu		
NAME	SCHAUB, KENNETH A				COOS PLESS RUND				
STREET ADDRESS	5205 PLESS ROAD			ADDRESS	PLANT CITY FLA. 33565				
CITY-ST-ZIP	PLANT CITY FL 35		CITY-S	r-ZIP	PLANT CITY, PLA. 33565 VICE PRES. TREAS., SEC. DIR. STCHAUD, JOHN A. 2110 LAINDALE PLACE	⊠ Ch	anne	Addition	
TITLE	VTD		TITLE		TUAUA JAMA O	A	ungo		
NAME	SCHAUB, JOHN A		NAME		9 110 LAINDALE PLACE			Ĭ	
STREET ADDRESS	2110 LAINDALE PLACE		-		VALRICO, FLA. 33594 -	٠, -,,			
CITY-ST-ZIP	VALRICO FL 00 2.40 □ DELETE 3.17		CITY-S	T-ZIP	VADRICES / DISTI	Fich	ange .	Addition	
TITLE		_				, o.	ungu .	C.,	
NAME		· ·	NAME						
STREET ADDRESS	The state of the s		3.3 STREET ADDRESS			•			
CITY-ST-ZIP			CITY-S	1-ZIP		T Ct	anne	Addition	
TITLE							ong.		
NAME .	••		NAME						
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-S	T-ZIP		□Cr	ange	Addition	
TITLE			NAME			С	ungo		
NAME				ADORESS					
STREET ADDRESS			CITY-S						
CITY-ST-ZIP			TITLE	1-4IF		Cr	lange	Addition	
TITLE			NAME			٠٠٠	yo		
NAME		0.1	erwiic						
·		1 c.	STREET	ADDRESS					

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90091 030 ***150.00