

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

FILED

**Mar 19 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **P96000085497 (1)**
1. Corporation Name
WOLF PROPERTIES, INC.



Principal Place of Business: **4730 S.W. 83 TERRACE DAVIE FL 33328-3727**
Mailing Address: **4730 S.W. 83 TERRACE DAVIE FL 33328-3727**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**

2a. Mailing Address: **26** **8278 Gaffen Rd.**
Suite, Apt. #, etc.: **27**
City & State: **28** **DAVIE FLA**
Zip: **29** **33328** Country: **30** **Broad**

3. Date Incorporated or Qualified: **10/16/1996**

4. FEI Number: **65-0487041** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: **WOLF, WILLIAM H III
6888 S.W. 48 STREET
DAVIE FL 33314-4358**

10. Name and Address of New Registered Agent: **81** Name: **Wolf, William H III**
82 Street Address (P.O. Box Number is Not Acceptable): **8740 SW 52nd**
83
84 City: **Cooper, FLA** **FL** **85** Zip Code: **33328**

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 signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	Wolf, William H III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, WILLIAM H III	12 NAME	Wolf, William H III
STREET ADDRESS	6888 S.W. 43 TERRACE	13 STREET ADDRESS	8740 SW 52nd
CITY-ST-ZIP	DAVIE FL 33314-4358	14 CITY-ST-ZIP	COOPER CITY FL 33328
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 the receiver or trustee or 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 if not an address.

SIGNATURE: _____ DATE: **3-11-98** DAYTIME PHONE: **954-681-8944**

C-10324 (10/97)