

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

FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000104387 (1)

1. Corporation Name

WOLF ACCOUNTING & TAX SERVICE, INC.



Principal Place of Business

320 NW 43RD AVENUE  
COCONUT CREEK FL 33066

210 UNIVERSITY DR #502  
CORAL SPRINGS, FL 33071

Mailing Address

320 NW 43RD AVENUE  
COCONUT CREEK FL 33066

210 UNIVERSITY DRIVE #502  
CORAL SPRINGS, FL 33071

2. Principal Place of Business

2a. Mailing Address

WOLF ACCOUNTING & TAX SVC

210 UNIVERSITY DR. SUITE 502

CORAL SPRINGS, FL. 33071

3. Date Incorporated or Qualified

12/31/1996

3a. Date of Last Report

4. FEI Number

65-0712140

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

24

25

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLF, GILBERT D  
320 NW 43RD AVENUE  
COCONUT CREEK FL 33066

81

Name

GILBERT D. WOLF

82

Street Address (P.O. Box Number is Not Acceptable)

4111 N.W. 9TH COURT

83

84

City

COCONUT CREEK

FL

85

Zip Code

33066

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 of typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	WOLF, JONATHAN L	
STREET ADDRESS	320 NW 43RD AVENUE	
CITY - ST - ZIP	COCONUT CREEK FL 33066	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	WOLF, GILBERT D	
STREET ADDRESS	320 NW 43RD AVENUE	
CITY - ST - ZIP	COCONUT CREEK FL 33066	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JONATHAN L. WOLF	
1.3 STREET ADDRESS	4111 NW 9TH COURT	
1.4 CITY - ST - ZIP	COCONUT CREEK, FL. 33066	
2.1 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GILBERT D. WOLF	
2.3 STREET ADDRESS	4111 N.W. 9TH COURT	
2.4 CITY - ST - ZIP	COCONUT CREEK, FL 33066	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

Jonathan L. Wolf PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97 (954) 346-7288

Date

Daytime Phone: # 0002337

CR2E034 (9/96)