Mailing Address

C/O RUDNICK & WOLFE

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700005227

1. Corporation Name

Principal Place of Business

C/O RUDNICK & WOLFE

CITY-ST-ZIP

WOLF LAND DEVELOPMENT CORPORATION

TAMPA FL 33602		TAMPA FL 33602			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed	•		
		يسايد د بيره			2 4 44	01/17/1997~			٥
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Api	olied For
21		—	26			59-3423451		Not	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						\$8.75 A	dditional
22	.,	27	27			5. Certifcate of Status Desired		Fee Re	quired
City & State	3		City & State			6. Election Campaign Financing		\$5.00	May Be
 ,	-	28	······································			Trust Fund Contribution		Added to	, ,
23 Zip	Country		Zip Country			8. This corporation owes the curr	ent vear Inta	ngible	
24	25		30			Personal Property Tax.		Yes	₩ No
24	9. Name and Address of Current Registered Agent					10. Name and Address of New F	Registered /	Agent	1
	g, Italiio aliu Addiess of Gali	Total Registros		31 1	Name				
DIAMANDIS. JOHN T									
C/O		82 Street Addr			ess (P.O. Box Number is Not Accepta	ible)		Ì	
101 E. KENNEDY BLVD., SUITE 2000				33					
	PA FL 33602		`	,,,					
17 3711	777 - 00002		1	84 (City		FL	85 Zip C	ode
			45	L				changing its	registered
office or re	agistered agent or both in the Sta	ita of Florida. Such chande was aut	nonzea i	กงเกเ	named corpo e corporatio	oration submits this statement for the on's board of directors. I hereby accep	at the appoir	itment as rec	istered
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505, Florid	ta Statut	es.	•				
SIGNATURE	•								
	Signature, typed or printed name of registered			gent si	ignature required	d when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition
TILE				1.1 TITLE		•		Change	
NAME	DIAMANDIS, JOHN T		1.2 NAME						
STREET ADDRESS	101 E. KENNEDY BLVD., SU	IITE 2000	1.3 STREET ADDRESS		ODRESS				- 1
CITY-ST-ZIP	TAMPA FL 33602		1.4 CITY-5		tiP				
TITLE	D DELETE . 2.1		2.1 TITL	2.1 TITLE				Change	Addition
NAME -	DUNSER, ALEX H		2.2 NAME -		-	e a contra estado en estado en estado en entre en entre en entre en entre entr		~ .	ļ
STREET ADDRESS	P O BOX 4801		2.3 STREET ADDRESS		DORESS				ļ
CiTY-ST-ZIP	SANTA ROSA BEACH FL 32	459	2. 4 CITY-ST-ZIP						
TITLE	DELETE		3.1 TITLE					☐ Change	☐ Addition
NAME			3.2 NAM	Œ					
STREET ADDRESS					DORESS				
1			3.4. CIT		1				
CITY-ST-ZIP	1.000	☐ DELETE	4.1 TITL					Change	☐ Addition
NAME	:		4. 2 NAM						
	•				DORESS				1
STREET ADDRESS					1	•	•		:
CITY-ST-ZIP		☐ DELETE	4.4 CITY 5.1 TITL		<u>ur </u>			☐ Change	Addition
TITLE			5.1 HIL					· · •	
NAME					DORESS				
STREET ADDRESS					1				
CITY-ST-ZIP			5.4 CITY		(IP			Change	Addition
TITLE		☐ DELETE	6.1 TITL		1			☐ change	11 YOUROU
NAME			6.2 NAM						
OTDEET ADDRESS			63 STR	RETAL	DDRESS				J

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 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. SIGNATURE:

(813) 222-5923

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90079 015 ***150.00