

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90069 007 ***150.00

2000
DOCUMENT # **P97000014921**

1. Corporation Name
WOLF DATA SYSTEMS, INC.



Principal Place of Business
2091 SW CASTINET LN
PORT ST. LUCIE FL 34953
US

Mailing Address
P.O. BOX 7550
PORT ST. LUCIE FL 34965
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1997

4. FEI Number

65-0729244

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 the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

GALLAGHER, TINA-MARIE

STREET ADDRESS 2091 SW CASTINET LN
CITY-ST-ZIP PORT ST. LUCIE FL 34953

TITLE V ☐ DELETE

GALLAGHER, MARK

STREET ADDRESS 2091 SW CASTINET LN
CITY-ST-ZIP PORT ST. LUCIE FL 34953

TITLE ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE ☐ Change ☐ Addition

12.1 NAME

13.1 STREET ADDRESS

14.1 CITY-ST-ZIP

21.1 TITLE ☐ Change ☐ Addition

22.1 NAME

23.1 STREET ADDRESS

24.1 CITY-ST-ZIP

31.1 TITLE ☐ Change ☐ Addition

32.1 NAME

33.1 STREET ADDRESS

34.1 CITY-ST-ZIP

41.1 TITLE ☐ Change ☐ Addition

42.1 NAME

43.1 STREET ADDRESS

44.1 CITY-ST-ZIP

51.1 TITLE ☐ Change ☐ Addition

52.1 NAME

53.1 STREET ADDRESS

54.1 CITY-ST-ZIP

61.1 TITLE ☐ Change ☐ Addition

62.1 NAME

63.1 STREET ADDRESS

64.1 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.

Ania Gallagher 4/30/00