


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

FILED

Jan 28 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 # P97000050535 (8)			
1. Corporation Name B. WOLFSON, INC.			
Principal Place of Business 660 CAPRI BLVD. TREASURE ISLAND FL 33706		Mailing Address 660 CAPRI BLVD. TREASURE ISLAND FL 33706	



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8006 W. Gulf Blvd Suite, Apt. #, etc.				2a. Mailing Address 26 PO Box 41332 Suite, Apt. #, etc.				3. Date Incorporated or Qualified 06/04/1997			
22				27				4. FEI Number 59-3450953 Applied For Not Applicable			
23 Treasure Island, FL City & State				28 St Petersburg, FL City & State				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
24 33706 Zip Country USA				29 33743 Zip Country USA				6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees			
9. Name and Address of Current Registered Agent WOLFSON, BERNARD B 660 CAPRI BLVD. TREASURE ISLAND FL 33706								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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLFSON, BERNARD B			1.2 NAME	WOLFSON, BERNARD B		
STREET ADDRESS	660 CAPRI BLVD.			1.3 STREET ADDRESS	8006 W. Gulf Blvd		
CITY-ST-ZIP	TREASURE ISLAND FL 33706			1.4 CITY-ST-ZIP	Treasure Island FL 33706		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: **Bernard B. Wolfson**

1/6/98 (813)367-6834

CR2E034 (10/97)