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

PROFIT Feb 10 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S47535 (7)WOLFMAN ENTERPRISES, INC. Principal Place of Business Mailing Address **640 SW 62 AVENUE** 640 SW 62 AVENUE PLANTATION FL 33317 PLANTATION FL 33317 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/23/1991 2. Principal Place of Business Applied For 2a. Mailing Address 4. FEI Number 65-0260260 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zıp Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes ∏ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WOLFMAN, JUDITH 640 SW 62 AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33317** 83 84 City Zip Code 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, typodics printed runor of registered agent and titled applicable (NOTE: Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ☐ Change Addition WOLFMAN, JUDITH NAME 1.2 NAME 640 SW 62 AVENUE STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELFTE Addition TITLE STD 21 TITLE Change WOLFMAN, STEPHEN NAME 2.2 NAME 640 SW 62 AVENUE STREET ADDRESS 2 3 STREET ADDRESS **PLANTATION FL** CITY-ST-ZIP 2.4.CITY-\$1-ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP. TITLE DELETE 4.1 THTLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE Change Addition TITLE

14. Thereby 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 supplienced 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.

6.4 CITY - ST - ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY - ST - ZiP

STEPHEN WOLFMAN TOEKS

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