

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V50350** (0)

1. Corporation Name

RECONDITIONING UNLIMITED BY WOLF, INC.



Principal Place of Business

**9397 116TH AVENUE NORTH
LARGO FL 34643-4640**

Mailing Address

**9397 116TH AVENUE NORTH
LARGO FL 34643-4640**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MAYORGA, JULIO E.
9261 SEMINOLE BLVD., N
SEMINOLE FL 34642**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

07/06/1992

3a. Date of Last Report

02/28/1995

4. FBI Number

59-3134965

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0102 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 607.0305, Florida Statutes.

SIGNATURE

Signature of Registered Agent required for this filing.

NOTE: Registered Agent Signature required when re-filing.

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	D	☐ DELETE
2. NAME	SCHUSSER, WOLFGANG A.	
3. STREET ADDRESS	9397 116TH AVENUE N	
4. CITY-STATE-ZIP	LARGO FL	
5. TITLE	D	☐ DELETE
6. NAME	SCHUSSER, MARIANNE	
7. STREET ADDRESS	9397 116TH AVENUE N	
8. CITY-STATE-ZIP	LARGO FL	
9. TITLE	D	☐ DELETE
10. NAME	SCHUSSER, YVONNE	
11. STREET ADDRESS	9397 116TH AVENUE N	
12. CITY-STATE-ZIP	LARGO FL	
13. TITLE	D	☐ DELETE
14. NAME	SCHUSSER, THOMAS	
15. STREET ADDRESS	9397 116TH AVE. N.	
16. CITY-STATE-ZIP	LARGO FL	
17. TITLE	D	☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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 Book 12 or Book 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-12-96

Date

Signature #

CR2E034 (12/95)