

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

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000043534					
1. Corporation Name WOLF INDUSTRIES CORPORATION					

Principal Place of Business 1897 PALM BEACH LAKES BOULEVARD SUITE 226 WEST PALM BEACH FL 33409		Mailing Address POST OFFICE BOX 31965 PALM BEACH GARDENS FL 33410	
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. 1897 PALM BEACH LAKES BLVD.
22. City & State	27. SUITE 226
23. Zip	28. WEST PALM BEACH, FL
24. Country	29. 33409
25. Country	30. Country

9. Name and Address of Current Registered Agent	
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	

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 jurisdiction of Section 607.0505, Florida Statutes.	
SIGNATURE	DATE
<i>[Signature]</i>	4/30/99

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	D
STREET ADDRESS	KEVIN SMITH
CITY-ST-ZIP	1897 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33409
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 05/14/1998	
4. FEI Number	Applied For
65-0838196	☐ 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	
10. Name and Address of New Registered Agent	
81. Name	WARNER & ASSOCIATES, CPA, PA
82. Street Address (P.O. Box Number is Not Acceptable)	1897 PALM BEACH LAKES BLVD.
83. City	SUITE 226
84. City	WEST PALM BEACH FL
85. Zip Code	33409

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
☐ Change	☐ Addition
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05-19-1999 90019 001 *4,500.00
FILED P98000043534
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 15 AM 10:18

CR2E034 (1/98)