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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P96000102900 (3)

1. Corporation Name
GROWTH-WISE CONSULTING CORPORATION

Principal Place of Business
30 NO RING AVE. STE 400
TARPON SPRINGS FL 34689

Mailing Address
30 NO RING AVE. STE 400
TARPON SPRINGS FL 34689-4304

3. Date Incorporated or Qualified: 11/25/1996
3a. Date of Last Report:

| | |
|---|---|
| 2. Principal Place of Business 21 454 MacGregor Rd. | 2a. Mailing Address 26 454 MacGregor Rd. |
| Suite, Apt #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 Winter Springs, FL | City & State 28 Winter Springs, FL |
| Zip 24 32708 Country 25 US | Zip 29 32708 Country 30 US |

4. FEI Number 59-3415077 ☐ 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

9. Name and Address of Current Registered Agent
KLIMIS, GEORGE N
30 NO RING AVE. STE 400
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent
81 Name: James A. Kuncis
82 Street Address (P.O. Box Number is Not Acceptable): 454 MacGregor Road
83
84 City: Winter Springs, FL 85 Zip Code: 32708

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 James A. Kuncis [signature] Director 4/3/97
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 | ☐ DELETE | 1.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | KUNCIS, JAMES A | | 1.2 NAME | Kuncis, James A | |
| STREET ADDRESS | 3501 SARAZEN DRIVE | | 1.3 STREET ADDRESS | 454 MacGregor Rd | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34655 | | 1.4 CITY-ST-ZIP | Winter Springs, FL 32708 | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-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 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

14. I do 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: James A. Kuncis Director [signature] 4/3/97 (407) 327-4066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0009052