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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 171908

(7)

WISE BROTHERS, INC.

Principa! Place of Business

Mailing Address

3420 NORTH ORANGE BLOSSOM TRAIL ORIANDO EL 32804

3420 NORTH ORANGE BLOSSOM TRAIL ORLANDO FL 32804-3411

FILED Apr 10 1997 8:00am Secretary of State



WISE, ABE	Country 25 Name and Address of Currer	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Ztp 29 nt Registered Agent	Cou.	untry		3. Date Incorporated or Qualified 01/13/1953 4. FEI Number 59-0701336 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	3a. Da	\$8.	96 App Not 75 Ac	olied For Applicable dditional pulred
21 Suite, Apt #, etc. 22 City & State 23 Zip 24 9. N WISE, ABE 1501 ANC	Country 25 Name and Address of Currer	26 Suite, Apt. #, etc. 27 City & State 28 Zip 29		ıntry		4. FEI Number 59-0701336 5. Certificate of Status Desired 6. Election Campaign Financing		\$8.	App Not 75 Acee Rec	Applicable dditional julred
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Zip 4 9. N WISE, ABE 1501 ANC	25 Name and Address of Currer E O.	Z ₁ p		intry				Ac	ided to	May Be Fees
9. N WISE, ABE 1501 ANC	Name and Address of Currer O.		30		•	8. This corporation has liability for in	ntangible	tax un	der s.	199.032.
9. N WISE, ABE 1501 ANC	Name and Address of Currer O.		1221				Yes [,
1501 ANC			,	ļ		10. Name and Address of New Reg	istered /	Agent		
1501 ANC				81	Name					
					Ct-net Add	rece (D.O. Bay Number is Not Acceptab	lo)			
UNUMNUU	1501 ANCHOR COURT ORLANDO FL 32804			82	Street Addi	ress (P.O. Box Number is Not Acceptab	e)			
	rl 32004			B3	· · · · · · · · · · · · · · · · · · ·					****
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			1	84	City		FL	65	Zip C	ode
44-6	16-1	20 J CO7 1500 Florido Ptot	utan tha atu	P		poration submits this statement for the p		chand	ning ite	ragistarad
agent. I am famil	ed agent, or both, in the State liar with, and accept the oblig	e of Florida. Such change was pations of, Section 607.0505, F	s autnorized Florida Stat	tutes	y the corpora s.	tion's board of directors. I hereby accep	сто арр	omme	m as r	egistered
SIGNATURE	e, typed or printed name of registered ag-	ent and title if applicable (NO	OTE: Registered	d Age	ent signature requi	red when reinstating)	DATE			
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE PD		DELETE	1.1 70	ITLE				Ch	ange	Addition
NAME WISI	e, Zeug o.		1.2 NA	AME						
STREET ADDRESS 3813	3 LAKE SARAH DR.		1.3 ST	TREET	T ADDRESS					
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CHY-ST-ZIP			6.4 C	CITY - S	ST-ZIP					

. 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4, 1997

(407)293-8214 Daytime Phone #