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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1	996		DIVISION OF CORPORATIONS				
DOCUM 1. Corporation I		630927	(2)				
\$ WISE	E TAX SERVICE	, INC.			2 -444.10 \$1000 table \$2010 (\$100 t		
Principal Place o	of Business	Mai	ling Address		1 108410 QHADA RAFAL OBALO HOLLO I	// BIT 1001 BIGIT 01614 BIG1	1 81811 81811 81811 1981
1653 20TH S	STREET		1653 20TH STREET				
VERO BEACI	H FL 32960		VERO BEACH FL 3296	0			
					3. Date Incorporated or Qualified 07/26/1979		1/1995
2. Principal Plac	pe of Business	28.	Mailing Address	nd 21.	4. FEI Number		Applied For
21 495	320 / In	26	495 23 Suite, Apt. #, etc.	1 LACE	59-1943145	₹R	Not Applicable .75 Additional
Suite, Apt. #, 22	, etc.	27	Suite, Apt. #, etc.		5. Certificate of Status Desired		ee Required
Crty & State	BEACH &		City & State REA	ich. FL	Election Campaign Financing Trust Fund Contribution		5.00 May Be
7 ₁₀	Count	y	Zip 22 960	Country 30	This corporation has liability fo Florida Statutes Ye	r intangible tax unde	⊭s 199.032,
24 3276	9 Name and Addr	29 ess of Current Regist	<u> </u>	[30]	10. Name and Address of New		
				81 Name			
	, RICHARD			82 Street A	ddress (P.O. Boy Number is Not Accepta	able)	
	OTH STREET BEACH FL 32960			63 49	15 77E 14CC		
VEHU E	SEAUN PL 32900					Torl	Zio Codo
				84 City /	ERO BEACH	FL S	32960
11. Pursuant to	the provisions of Sec	tions 607,0502 and 607	7.1508, Florida Statutes	the above-named cor	poration submits this statement for the property of directors. I hereby accept the ap	urpose of changing appintment as registe	its registered office ared agent. I am
familiar wi	, and accept the oblig	etions of Section 607.	505, Florida Statutes.	3 0) ma da para 1	poration submits this statement for the p poard of directors. I hereby accept the ap	1/2//ac	
SIGNATURE -	KC Daul	registered agent and title if a	C DAILEY	Registered Agent signature rec	puired when reinstating)	7/20/76 DATE	
12.		OFFICERS AND DIRECT	TORS	13.	ADDITIONS/CHANGES TO OF		
TITLE	PD		☐ DELETE	1. 1 TITLE		Char	nge 🗌 Addition
NAME	BAILEY, RICHA			1.2 NAME	une noted Place		
STREET ADDRESS	1653 20TH STI VERO BEACH			1.3 STREET ADDRESS	VERO Borch, FL 32	960	
CHTY-ST-ZIP TITLE	VERU DEACH	<u> </u>	[] DELETE	1.4 CITY-ST-ZIP 2. 1 TITLE	VERD DESIGN, IF SO	☐ Char	nge Addition
NAME			_	2 2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY - ST - ZIP			
TITLE			☐ DELETE	3. 1 TITLE		☐ Char	nge 🔲 Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
City-St-ZiP				3 4 CITY-ST-ZIP			[77] Addis
TITLE			DELETE	4. 1 TITLE		☐ Char	nge 🗌 Addition
NAME				4.2 NAME			
STHEET ADDRESS				4 3 STREET ADDRESS			
CITY - ST - ZIP			F Dr. FTr	4.4 CITY - ST - ZIP		Char	nge Addition
TITLE			DELETE	5 1 TOTLE			ige Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CHTY - ST - ZIP			DELETE	5.4 CITY - ST - ZIP 6. 1 TITLE		Char	nge
TITLE .			Deteri	6.2 NAME			
NAME				6.3 STREET ADDRESS			
STREET ADDRESS				6.4 CITY-ST-ZIP			
City-St-ZiP	certify that the inform	ation supplied with this	filing is voluntarily furnis	shed and doos not aug	lify for the exemption stated in Section 11	19.07(3)(k), Florida S	tatutes. I further
certify that	the information indicat		t or supplemental annu the receiver or trustee	at report is true and acc	curate and that my signature shall have the this report as required by Chapter 607,		

Daytinie Phone #