

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

**FILED**  
**May 14, 1999 8:00 am**  
**Secretary of State**

05-14-1999 90003 029 \*\*\*450.00

05-43814

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F98000005910**

1. Corporation Name  
**MARKET WISE SECURITIES, INC.**



Principal Place of Business 11145 SHERIDAN BLVD. WEST MINSTER CO 80020	Mailing Address 11145 SHERIDAN BLVD. WEST MINSTER CO 80020
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 6343 W. 120 <sup>th</sup> Ave.	22 Suite, Apt. #, etc.	26 6343 W. 120 <sup>th</sup> Ave	27 Suite, Apt. #, etc.	10/23/1998	
23 Broomfield, CO		28 Broomfield, CO		4. FEI Number	
24 80020	25 Country	29 80020	30 Country	Applied For Not Applicable	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GLENN, JOHN 712 147TH ST E. BRADENTON FL 34202				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	CP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NASSAR, DAVID S		1.2 NAME		
STREET ADDRESS	10899 IRVING COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST MINSTER CO 80030		1.4 CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NASSAR, TRACEY T		2.2 NAME		
STREET ADDRESS	10899 IRVING COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST MINSTER CO 80030		2.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARD, KEVIN		3.2 NAME		
STREET ADDRESS	459 WRIGHT STREET, UNIT 107		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WOOD CO 80228		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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: Tracey T. Nassar 4/30/99 (303) 464-0404  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)