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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

Jan 28 1998 8:00am Secretary of State

FILED

Principal Plac	n Name NWISE B	UILDING CON	TRACTORS, INC.					
M RICHARD OREMLAND 2116 SUNNYDALE BLVD SUITE 10-12 CLEARWATER FL 34625			2116 SUNN	% Richard Oremland 2116 Sunnydale BLVD., Suite 10-12 Clearwater Fl. 34625			DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified	
2. Principal P	lace of Busi	nass	2. Mailing A	2a. Mailing Address			06/24/1983 4. FEI Number	Analis d Co.
21	1000 01 000	,1000	 	26			59-2370439	Applied For Not Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		· · · · · · · · · · · · · · · · · · ·	27					Fee Required
City & Stat	e		 	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip Country				Zip Country			Trust Fund Contribution 8. This corporation owes or has paid the cu	Added to Fees
24	25		29				·	Yes No
	g, Name	and Address of C	urrent Registered Age	nt			10. Name and Address of New Registered	Agent
	EMLA ND, I				81	Name		
		dale b lvd., sur	TE 10-12		82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
CLEARWATER FL 34625								
					83			
					84	City	85 Zip Code	
11. Pursuant	to the provis	sions of Sections 60	7.0502 and 607.1508, F	lorida Statute	es, the above	e-named co	propration submits this statement for the purpose or ration's board of directors. I hereby accept the appropriate the purpose of the purpose	of changing its registered
agent la	m familiar w	ith, and accept the	obligations of, Section 6	07.050 5 , Flo	irida Statutes	trie corpor i.	ration's board or directors: I hereby accept the ap-	pointment as registered
SIGNATURE	Clarate A							
12,	Signature, typed		red agent and little if applicable S AND DIRECTORS	(NOTE	13.	nt signature rec	Quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PTD DELETE				1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME				1.2 NAME				
STREET ADDRESS 27 HICKORY LANE				1.3 STRE		ADDRESS]
CITY-ST-ZIP SAFETY HARBOR FL				1.4 C		r-zie		
TITLE	8			DELETE	2.1 TITLE			☐ Change ☐ Addition €
NAME		AND, RHEA						
STREET ADDRESS 27 HICKORY LANE				2.3 ST		ADDRESS		
CITY-ST-ZIP				2.40		T-ZIP		
TITLE				DELETE	3.1 TITLE			Change Addition
NAME STREET ADDRESS				3.2 NAME				
					3.3 STREET	1		
CITY-ST-ZIP TITLE				3.4. CITY-S 4.1 TITLE	1- ZIP		Change Addition	
NAME					4. 2 NAME			C purifice C Modition
STREET ADDRESS					4.3 STREET	ADDRESS		
CITY-ST-ZIP				4.4 CITY-ST-ZIP				
TITLE	☐ DELETE		51 TITLE			Change Addition		
NAME			5.2 NAME					
STREET ADDRESS				5.3 STREET ADDRESS		ADDRESS	·	
CITY-ST-ZIP					5.4 CITY-ST	- ZIP		
TITLE				DELETE	6.1 TITLE			Change Addition
NAME					6.2 NAME	ļ		
STREET ADDRESS					6.3 STREET A			1
CITY-ST-ZIP	ortifu that the	a information consul	ad with this filing does s	not qualify for	6.4 CHY-ST		n Section 119 07/3/6/ Florida Statutes Lituribor of	anife allocation in favorable

Indicated on this annual report or supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supply nontal 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 roceiver or trustice 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. If on an appear of the corporation of the corporation