

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90002 003 ***150.00

DOCUMENT # **J31959**

1. Corporation Name

MARSHALL S. WISE, P.A.



Principal Place of Business

% MARSHALL S. WISE
6555 POERLINE RD. #214
FT LAUDERDALE FL 33309
US

Mailing Address

% MARSHALL S. WISE
6555 POERLINE RD. #214
FT LAUDERDALE FL 33309
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1986

4. FEI Number

59-2789411

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 owes the current year
Intangible Personal Property.



Yes



No

9. Name and Address of Current Registered Agent

WISE, MARSHALL, PA
6555 POWERLINE RD, STE 214
FT LAUDERDALE FL 333

10. Name and Address of New Registered Agent

81 Name

MARSHALL S. WISE

82 Street Address (P.O. Box Number is Not Acceptable)

6300 W. ATLANTIC BLVD.

83

84 City

MARGATE

FL

85 Zip Code

33063

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/1/99
Date

12. OFFICERS AND DIRECTORS

TITLE	RD	<input checked="" type="checkbox"/> DELETE
NAME	WISE, MARSHALL S.	
STREET ADDRESS	22279 TIMBERLY DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WISE, ANDREA FARR	
STREET ADDRESS	22279 TIMBERLY DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WISE, MARSHALL S.	
1.3 STREET ADDRESS	6300 W. ATLANTIC BLVD	
1.4 CITY-ST-ZIP	MARGATE, FL 33063	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WISE, ANDREA FARR	
2.3 STREET ADDRESS	21710 LITTLE BEAR LN	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33428	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99
Date

(954) 984-0442
Daytime Phone #

CR2E034 (5/99)

590797-90002-3
J31959

7/1/1999

Florida Department of State
c/o Katherine Harris
Division of Corporations
PO Box 1500
Tallahassee, FL 32302

Re: Annual Filing Fee J31959

Dear Katherine:

I am writing to you to ask that you waive my late filing fee and accept my fee of \$150.00.
I have recently moved as I have indicated on my annual report and the post office failed
to forward my mail to me in time to stay current with my corporate filing.

I thank you for your time and consideration.

Sincerely,



Marshall S. Wise