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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # L50816

WISELEY MARINE INSURANCE, INC.

Principal Plac	ce of Business	Mailing Address				1 (BOLLOFI BOT ALIIL BOLOT (BLOT 11410 BLIT B	ipit Will) Dibit U	BIR BIBI) BIBII IBBI
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ST PETERSBURG FL 33710		ST PETERSBURG FL 33710				DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualifed 02/13/1990		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				<u>59-2987686</u>		Not Applicable
Sūitē, Apt.	. #, etc.	Suite, Apt. #, etc.		•		5. Certifcate of Status Desired	,	5 Additional
22 City & Sta		City & State						Required
	itė .	<b>├</b> ─┐				6. Election Campaign Financing		00 May Be
Zip	Country	Zip	Cou	ntn/	<del>}</del>	Trust Fund Contribution		ed to Fees
·		<u> </u>		atu y		8. This corporation owes the current yea	r Intangible	ω No
24	25 25	29 Pagistared Agent	30		<u>.                                      </u>	Personal Property Tax.  10. Name and Address of New Register		AS IND
	9. Name and Address of Current	vahistetan wäsut		81 Nan		IV. INGINE AND MUDIESS OF NEW REGISTE	ieu Ageiii	
WIS	ELEY, YVONNE C.	=		L , , , , a				
\ \	8 CROSSWINDS DR N. C-102			82 Stre	et Address	s (P.O. Box Number is Not Acceptable)		
	PETERSBURG FL 33710			83	-	The state of the s	1 1111	Fr. 12 Car 100 CM
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				84 City			85 Z	ip Code
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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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE:

**FILED** 

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90073 030 \*\*\*150.00