FILE NOW: FILING FEE IS \$61.25

CORPORATION ANNUAL REPORT	RIDA DEPARTMENT OF Sandra B. Morthan Secretary of State IVISION OF CORPORATI	• •		
DOCUMENT # N970000533	36 (9)			
W.I.S.E. INCORPORATED			THE RESIDENCE OF THE SECOND PROPERTY OF THE S	PART SOLOL SINGO LINGS LINGS OLIV (SOL
Principal Place of Business Mailing Address				
9 ORANGEWOOD CT 9 ORANGEWOOD CT APOPKA FL 32703 APOPKA FL 32703		3. Date Incorporated or Qualified 09/18/1997		
			4. FEI Number 59-3472238	Not Applicable
Principal Place of Business 2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional	
25 Suite, Apt. #, etc. Suite, Apt. #, etc.			6. Election Campaign Financing	Fee Required \$5.00 May Be
27			Trust Fund Contribution	Added to Fees
City & State City & State 23 28			7. Is this nonprofit corporation a home	
Zip Country Zip	Country Z(p Country		8. This corporation owes or has paid t	he current year Intangible
25 29 30 9. Name and Address of Current Registered Agent			Personal Property Tax due June 30 10. Name and Address of New Regis	
	81	Name		
GAIPTMAN, PAUL S		Street Add	ress (P.O. Box Number is Not Acceptable)	
9 ORANGEWOOD CT		ļ		
AFO1104 1 & 02700				
	84	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508,	lorida Statutes, the abov	e-named corp	poration submits this statement for the purp	lose of changing its registered
office or registered agent, or both, in the State of Florida. Such agent. I am familiar with, and accept the obligations of, Section	617.0503, Florida Statute	s.		te appointment as registered
SIGNATURE Signature, typod or printed hamo of registered agent and little if applicable	(NOTE Registered Ag	iuper etulangia Ine	red when reinstating}	DATE
12. OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	
	DELETE 1.1 TITLE	1		Change Addition
STREET ADDRESS 1045 Forest Circle	ADDRESS 1045 Forest Circle 1.3 STR			į
CITY-ST-ZIP Winter Springs, FL 32708	1.4 CITY-5	i i		
TITLE D	DELETÉ 2.1 TITLE			☐ Change ☐ Addition C
NAME Paul S. Gaipman	22 NAME	1000000		
STREET ADDRESS 9 Orange Wood Courting City-St-Zip Roop Ke, FL 32703	2.4 CITY-	ADDRESS ST- ZIP		
TIFLE	DELETE 3.1 TITLE			Change Addition
TITLE NAME Patricia A. Reilly STREET ADDRESS GITY-ST-ZIP APOPKA, FL 32703	32 NAME			
STREET ADDRESS 9 Orange wood Court City-st-zip Apocks FL 32703	3.3 STREET	· · · · · · · · · · · · · · · · · · ·		
TITLE	3.4. CITY- DELETE 4.1 TITLE	31-2IF		Change Addition
NAME	4. 2 NAME	1		
STREET ADDRESS	4.3 STREET			
CITY-ST-ZIP TITLE	4.4 CITY - S DELETE 5.1 TITLE	IT-ZIP		Change Addition
NAME	5.2 NAME	1		
STREET ADDRESS	5.3 STREET	ADDRESS		
CITY-ST-ZIP	5.4 CITY-S	T- ZIP		Change Addition
TITLE L NAME	DELETE 6.1 TITLE 6.2 NAME			Change L Addition
STREET ADDRESS	6.3 STREET	ADDRESS		
City-St-7iP	6.4 CITY - 5	T-7IP		
14. I hereby certify that the information supplied with this filling does indicated on this annual report or supplied ental angular report is	not qualify for the exemp true and accurate and th	tion stated in at my signatu	Section 119.07(3)(i), Florida Statutes. I furture shall have the same legal effect as if ma	her certify that the information ade under oath; that I am an
14. I hereby certify that the information supplied with this filing does indicated on this annual report or supplied and an angular report is officer or director of the corporation of the receiver or trustee en Block 12 or Block 13 if chapped, or on an discomment with an acceptance of the corporation of the corporat	powered to execute this dress.	report as req	uired by Chapter 617, Florida Statutes; and	I that my name appears in