**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

WAS DOVETAL CT

## DOCUMENT # P9200003173

WORLDWISE EQUITIES, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2459 DOVETRAIL CT MANASQUAN NJ 08736 10 DURANT AVE

2a. Mailing Address

Suite, Apt. #, etc.

## FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90109 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

11/10/1992 4. FEI Number

65-0365190

22	<u>-</u>					
City & Stat	City & State 28 MANAS QUA		UM N.T.	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip	. Country	Zip	Country	8. This corporation owes the current year Intangible		
24	25	29 08736	30 MONME	Personal Property Tax.  Yes No		
	9. Name and Address of Curre			10. Name and Address of New Registered Agent		
			81 Nar	ame		
EISE	INSTEIN, SHARON L					
5077 ALFRED DR			82 Stre	82 Street Address (P.O. Box Number is Not Acceptable)		
	ST PALM BEACH FL 33417		83	Andrew An		
WEG	TACH DEACHTE 30411		83			
			84 City	ity 85 Zip Code		
				· FL!		
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Sta	tutes, the above-nam	med corporation submits this statement for the purpose of changing its registered		
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	e of Flonda, Such change wa actions of, Section 607,0505.	s authorized by the ci Florida Statutes.	corporation's board of directors. I hereby accept the appointment as registered		
		1.40 000 101	SHARON	1. KISKNSTKIN 3/10/99		
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (N	OTE: Registered Agent signat	nature required when reinstating) DATE		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Ad		
NAME	EISENSTEIN, SHARON L		1.2 NAME			
	1		1.3 STREET ADDRE	NRESS		
STREET ADDRESS			1.4 CITY-ST-ZIP	ł		
CITY-ST-ZIP	MANASQUAN NJ 08736	☐ DELETE	2.1 TIBE	, ☐ Change ☐ Ad		
TITLE	VPT	□ perete				
NAME	WALKER, FREDRIC S		2.2 NAME			
STREET ADDRESS	2459 DOVETRAIL CT		2.3 STREET ADDRE	IRESS .		
CITY-ST-ZIP	MANASQUAN NJ 08736		2.4 CTTY-ST-ZIP			
TITLE	, , , , -	☐ DELETE	3.1 TITLE	☐ Change ☐ Ad		
NAME	,		3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRI	DRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	P		
TITLE	, ,,	☐ DELETE		☐ Change ☐ Ad		
NAME	,		4. 2 NAME			
STREET ADDRESS	:		4.3 STREET ADDRI	DRESS		
	1		4.4 CITY-ST-ZIP			
CITY-ST-ZIP		☐ DELETE		☐ Change ☐ Ad		
TITLE	1		5.2 NAME			
NAME	1			nnee		
STREET ADDRESS	<b>)</b>		5.3 STREET ADDRI			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		☐ Change ☐ Ad		
NAME ,			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDR	DRESS		
CITY-ST-ZIP	1 7 1		6.4 CITY-ST-ZIP	,		
U11 1 U1 LII						

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: