## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	996	DIVISION OF	CORPORATIONS					
DOCUM 1. Corporation f	MENT # P930	000046488 (1	)					
	WISE ADVISOR INC.							
INAVEL	, WISE ADVISOR INC.							
		NA Two Address						
Principal Place of		Mailing Address						
1497 MAIN STREET STE 314		1497 MAIN STREET STE 314						
DUNEDIN FL 34698		DUNEDIN FL 34698			3. Date Incorporated or Qualified	3a Dal	te of Last Re	lenort
US		US			07/01/1993		5/01/199	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			59-3193191			Not Applicable
Suite, Apt. #, etc.		Suite, Apt #. etc.			5. Certificate of Status Desired See Required			
22		City & State			6. Election Campaign Financing	<u></u>		May Be
City & State		28			Trust Fund Contribution			od to Fees
Zip	Country	Zip	Country		8. This corporation has liability for	intangible	tax under s	199.032,
24	25	29	30			S <b>⊠</b> No		
	9. Name and Address of C	Current Registered Agent	· · · · ·		10. Name and Address of New	Registered	Agent	
				ame		_		
WISEMA	N, DONALD <del>VLNUT-DR</del> 2681 (RYS)	TA. CIRCLE	82 St	treet Addre	ess (P.O. Box Number is Not Accepta	ble)		
DALAL H	ADDOD EL 24892 DOME	DIN. FL 34698-2409	83					
L NEW TAL	ANDOLLIE GAGGO DOSE	One,	<b>———</b>				12-1 2	
			<b>84</b>   C	ity		F	L   <b>85</b>   Zi	lip Code
or registere familiar with	∍d arient, or both, in the State o	of Florida, Such change was authori. f. Section 607.0505, Florida Statute:	zed by the corporat	ion's boan	ation submits this statement for the pi d of directors. I hereby accept the app	pointment a	is registered	d agent I ani
12.		RS AND DIRECTORS	13.	3 46 (6.2.76)	ADDITIONS/CHANGES TO OF		ID DIRECTO	ORS IN 12
TITLE	PTSD	☐ DELETE	1 1 THE	T			Change	Ado tion
NAME	WISEMAN, DONALD O		1.2 NAME					
STREET ADDRESS	2666 WALNUT DRIVE		13 STREET ADD		BE CRYSTAL CIRCLE			
CITY+ST-ZIP	PALM HARBOR FL		1.4 CITY - ST - ZI	2 00	NEDIN. FL 34698-24	09	F2 6:	
TITLE		DELETE	2 1 THTLE				[] Change	reitibbA 🔲
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADD					
CITY-ST-ZIP TITLE		[ ] DELETE	2.4 City - St - Zi 3.1 Title				Change	Addition
NAMÉ			3.2 NAME					_
STREET ADDRESS			3.3 STREET ADI	DRESS				
CITY-ST-ZIP			3.4 City - ST - 7-					
TITLE		☐ DEVE LE	4 1 TITLE				☐ Change	Addition
NAME			4.2 NAME					
STREET ADDRESS			4.3 STEEF LADE	ORE 68				
CITY-ST-ZIP			4 4 CITY - ST - ZI	ıç			Chagge	Addition
TITLE		☐ DELETE	5 1 THILE				☐ Change	: Addition
NAME			5.2 NAME	NOT CO				
STREET ADDRESS			5.3 STREET ADS					
CITY-S'-Z-P		☐ DELETE	540/1Y-SF Z 6 1 TiTus	ir			☐ Change	Addition
TH'LE NAME		Doctor	6.2 NAME				"	_
STREET ADDRESS			6.3 STHEET ADD	DRESS				
1 SINCEL MOUNESS	T.		<b>=</b>	1				

14. I do hereby certify that the information supplied with this filing is voluntarly furnished and on an organity for the exemption stated in Section 119 07(3)(k). 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 discourse for the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 i changed, or on an attachment with an address.

6 4 Crty - ST - ZIP

SIGNATURE:

HIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR