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May 16 1997 8:00am

Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000046488 (1)

1. Corporation Name

TRAVEL WISE ADVISOR INC.

Principal Place of Business

1497 MAIN STREET  
STE 314  
DUNEDIN FL 34698  
US

Mailing Address

1497 MAIN STREET  
STE 314  
DUNEDIN FL 34698-4612  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

07/01/1993

3a. Date of Last Report

05/16/1996

4. FEI Number

59-3193191

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

WISEMAN, DONALD  
2688 CRYSTAL CIRCLE  
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTSD  
WISEMAN, DONALD O  
2688 CRYSTAL CIRCLE  
DUNEDIN FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1A TITLE  
1B NAME  
1C STREET ADDRESS  
1D CITY-ST-ZIP

☐ Change ☐ Addition

2A TITLE  
2B NAME  
2C STREET ADDRESS  
2D CITY-ST-ZIP

☐ Change ☐ Addition

3A TITLE  
3B NAME  
3C STREET ADDRESS  
3D CITY-ST-ZIP

☐ Change ☐ Addition

4A TITLE  
4B NAME  
4C STREET ADDRESS  
4D CITY-ST-ZIP

☐ Change ☐ Addition

5A TITLE  
5B NAME  
5C STREET ADDRESS  
5D CITY-ST-ZIP

☐ Change ☐ Addition

6A TITLE  
6B NAME  
6C STREET ADDRESS  
6D CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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:

*Donald O. Wiseman*

5 May 97 813/1408-2760

CR2E034 (9/96)