

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000048595 (1)

1. Corporation Name

WISE INSURANCE SERVICES, INC.



Principal Place of Business

7506 PINEWALK DRIVE S
MARGATE FL 33063
US

Mailing Address

P O BOX 634444
SUITE 607
COCONUT CREEK FL 33063
US

2. Principal Place of Business

21 2241 W. Hillsboro Blvd

2a. Mailing Address

26 PO Box 93444

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Deerfield Beach, FL

27 City & State

28 Margate FL

24 Zip 33442

25 Country USA

29 Zip 33093

30 Country USA

3. Date Incorporated or Qualified

07/12/1993

3a. Date of Last Report

06/14/1995

4. FEI Number

65-0423141

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

WIDE, JAMES P
7506 PINEWALK DR SOUTH
MARGATE FL 33063

81 Name WISE, JAMES P.
82 Street Address (P.O. Box Number is Not Acceptable)
7506 PINEWALK DR. S.

83

84 City MARGATE

FL

85 Zip Code

33063

10. Name and Address of New Registered Agent

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

James P. Wise

(Signature of Registered Agent required when recording)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
WIDE, JAMES P
STREET ADDRESS 7506 PINEWALK DR S
CITY-ST-ZIP MARGATE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James P. Wise

4/20/96

954-570-4043

Daytime Phone

CR2E034 (12/95)