


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name <b>WISE ESSENTIALS, Inc</b> <b>P93000056323</b>			
Principal Place of Business <b>2500 E. Hallandale Beach Blvd #707G</b> <b>Hallandale FL 33009</b>		Mailing Address <b>2500 E. Hallandale Beach Blvd #707G</b> <b>Hallandale FL 33009</b>	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21 <b>2500 E Hallandale</b>	26 <b>Same</b>	<b>65-0455461</b>	<b>1996</b>
22 <b>707G</b>	27 <b>Same</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 <b>Hallandale</b>	28 <b>Same</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 <b>33009</b>	29 <b>USA</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>Same</b>		81 Name <b>Melinda Bank</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2500 E Hallandale Blvd</b> 83 <b># 707G</b> 84 City <b>Hallandale</b> FL 85 Zip Code <b>33009</b>	
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 <b>Melinda Bank</b>		DATE <b>3/20/97</b>	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 NAME <b>Melinda Bank Pres</b> 1.2 STREET ADDRESS <b>2500 E. Hallandale Beach Blvd</b> 1.3 CITY-STATE-ZIP <b>Hallandale FL 33009</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	
2.1 NAME <input type="checkbox"/> DELETE 2.2 STREET ADDRESS 2.3 CITY-STATE-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	
3.1 NAME <input type="checkbox"/> DELETE 3.2 STREET ADDRESS 3.3 CITY-STATE-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	

SIGNATURE:

**Melinda Bank**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/97 954-454-9888**

Date Daytime Phone #

CR2E034 (9/96)