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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

✓ Sandra B. Mortham

Secretary State. DIVISION OF CORPORATIONS

1997

WISE ESSENTIALS, Inc

Principal Place of Business

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Hallandale Fl 33009					3. Date Incorporated or Qualified	3a. Date of Last F	Report]
					12/99	1991		1
2. Principal Pince of Business 2a. Mailing Address					4. FEI Number (05-045540)	 	oplied For	-
21 2500 E HALLANDAIR 26 Same Suite Aprille etc. Suite, Aprille, etc.					05-0935 701		ot Applicable Additional	┨
22 770	176-	27			5. Certificate of Status Desired		equired	
City & State	and E	City & State			6. Election Campaign Financing Trust Fund Contribution	cing \$5.00 May Be Added to Fees		
Zip Country		Zip Country			8. This corporation has liability for intangible tax under s. 199.032,			1
24 330C	5) 25 USA	29	30			Yes No		4
	9. Name and Address of Current	Hegistered Agent		81 Name	10. Name and Address of New R	egisterea Agent	·····	┨
	Same		L	TY	relindon bonk			
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			Ļ	84 City	# 10 1 CF	- 85 Zip	Cryle	1
¥				$-\mathcal{H}_{c}$	Allandole		3000 3000	
11, Pursuant to office or re	the provisions of Sections 607.0502 oistered agent, or both, in the State of	and 607.1508. Florida Statu f Florida: Such change was	tes, the ab authorized	ove-named of by the corp	corporation submits this statement for the oration's board of directors. I hereby acceptable	purpose of changing in the appointment as	ts registered registered	
agent, Lair	i familiar with, and accept the obligati	ions of, Section 607.0505, FI	orida Statu	ites.	· •	1-104	•	
SIGNATURE	centrale space of printed raints of requirence against	and title happicable INO	: Registered	Agent's ocalure i	required when reinstating)	/20/4 p		
12.	OFFICERS AND		13.	rigore a gridisio	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTOR	TS IN 12	ଡ଼
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STREET ALE VITA				Y-ST-ZIP	***173.75			

14. For herery certify that it e 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 is actual 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 if an 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 or Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MULTINGE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Apr 14 1997 8:00am

Secretary of State