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Mar 22, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000030035**1. Corporation Name

MORTGAGEWISE, INC.

Principal Place of Business Mailing Address		i della i i i i i i i i i i i i i i i i i i		
12 STONE ST. 2927 NEWFOUND HARBOR DRIV	/E 📝			
SUITE 9 MERRITT ISLAND FL 32952		DO NOT WRITE IN THI	e epace	
COCOA FL 32922			3 SPACE	
US		3. Date Incorporated or Qualifed		l
	<del>.</del>	04/18/1994	1 1 4 1	Gad For
2. Principal Place of Business 2a. Mailing Address		4. FEI Number		lied For
21 TO NEVINS CT. 26		59-3242732		Applicable
Suite, Apt. #, etc.		5. Certifcate of Status Desired	<b>\$8.75</b> Ad Fee Req	
22 Merritt I Slave of 27			<u> </u>	
City & State City & State		6. Election Campaign Financing	\$5.00 M Added to	
23 5 75 28	Country	Trust Fund Contribution		rees
	Country	8. This corporation owes the current year I	ntangible	260
24 25 29 30	····	Personal Property Tax.  10. Name and Address of New Registere		S (A)
Name and Address of Current Registered Agent	81 Name	10. Name and Address of New Registere	a Agent	
WEISNER, BARRY	o Name			
2927 NEWFOUND HARBOR DRIVE	82 Street Add	dress (P.O. Box Number is Not Acceptable)		
MERRITT ISLAND FL 32952	83			
	84 City		85 Zip Co	ode
\	'	F	L	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the	ne above-named cor	poration submits this statement for the purpose	of changing its re	egistered
	ized by the corporat			
agent, Lam families with, and accept the obligations of Section 697,0505; Florida S	Statutes.	The second of directory of the second of the	Go	
office or registered agent, of both in the State of Florida. Such shange was author agent. I am familiar with, and accept the obligations of, Section 67,0505; Florida Science of Science of Section 67,0505; Florida Science of Science of Section 67,0505; Florida Science of Section 67,0505; Florida Science of Section 67,0505; Florida Science of Section 67	Statutes.	3-16	- 99	•
SIGNATURE (LUI) DENU DOCK DECISION	Statutes.	2-16	- 99	,
SIGNATURE Signature, typed or purified name of registered agent and title if applicable. (NOTE: Regis		2-16	- 17	RS IN 12
SIGNATURE  Signature, typed or pured name of registered agent and title if applicable. (NOTE: Regis  12. OFFICERS AND DIRECTORS	stered Agent signature requir	red when reinstating) DATE	- 17	
SIGNATURE  Signature, typed or pured name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.  TITLE D DELETE	stered Agent signature require	red when reinstating) DATE	AND DIRECTOR	RS IN 12
SIGNATURE  Signature, typed or pulled name of registered agent and title if applicable. (NOTE: Registrice)  12. OFFICERS AND DIRECTORS  TITLE D  NAME WEISNER, BARRY	stered Agent signature required 13.	red when reinstating) DATE	AND DIRECTOR	RS IN 12
SIGNATURE  Signature, typed or plifted name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.)  12. OFFICERS AND DIRECTORS  TITLE D DELETE  NAME WEISNER, BARRY  STREET ADDRESS 2927 NEWFOUND HARBOR DRIVE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating) DATE	AND DIRECTOR	RS IN 12
SIGNATURE  Signature, typed or purified name of registered agent and title if epplicable. (NOTE: Registered agent and title if epplicable.)  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  MERRITT ISLAND FL 32952	13. 1.1 TITLE 1.2 NAME	red when reinstating) DATE	AND DIRECTOR	RS IN 12
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SIGNATURE  SigNature, typed or pulled name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS  TITLE  NAME  WEISNER, BARRY  2927 NEWFOUND HARBOR DRIVE  MERRITT ISLAND FL 32952  TITLE  D  DELETE  AMME  WEISNER, KIMBERLY J	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	red when reinstating) DATE	ND DIRECTOR	RS IN 12
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SIGNATURE  DELETE  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  MERRITT ISLAND FL 32952  TITLE  D  WEISNER, KIMBERLY J  2927 NEWFOUND HARBOR DRIVE  WEISNER, KIMBERLY J  2927 NEWFOUND HARBOR DRIVE  MERRITT ISLAND FL 32952  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADORESS 4.1 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADORESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 5.3 STREET ADORESS	red when reinstating) DATE	Change Change	RS IN 12 Addition Addition

14. I 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 arrural 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 received 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 open attachatent with an address, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

PUNIREQUIRED

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