FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000055983 (8)

1. Corporate Name
EATWISE, INC.

Principal Place of Business
503 NO. INTERLACHEN AVENUE STE. 4
WINTER PARK FL 32789

Mailing Address
503 NO. INTERLACHEN AVENUE STE. 4
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1994

3a. Date of Last Report:

2. Principal Place of Business — 21 — 22 — 23 — 24 — 25

2a. Mailing Address — 26 — 27 — 28 — 29 — 30

4. FEI Number: 59-3269683 — 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. Does corporation have liquidated fees or penalties by Section 607.1501 Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CARLSEN, BETH A
503 NO. INTERLACHEN AVENUE STE. 4
WINTER PARK FL 32789

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 Section 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARLSEN, BETH A
STREET ADDRESS	503 NO. INTERLACHEN AVENUE STE. 4
CITY, ST, ZIP	WINTER PARK FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 19

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information contained herein, to the best of my knowledge, is true and correct. I further certify that the corporation has filed with the Internal Revenue Service, Department of the Treasury, a Form 1120 or 1120S for the current calendar year or a Form 1065 for the immediately preceding calendar year. I further certify that the information contained herein is in compliance with Section 607.0505, Florida Statutes, and that the corporation has complied with the requirements of Section 607.0501(3), Florida Statutes, regarding the designation of a registered agent, registered office, and mailing address within the State of Florida.

SIGNATURE: Rita L. Hoyt — RITA L. HOYT — 4/27/95 — (407) 339-9428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0046316 CP