

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

016346

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUL 26 PH 2: 16

DOCUMENT # P94000076536

1. Corporation Name
WISEMAN STUCCO, INC.



Principal Place of Business
7752 SANCTUARY DRIVE
CORAL SPRINGS FL 33065

Mailing Address
7752 SANCTUARY DRIVE
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11401 Bonita Bch. Rd. Suite, Apt. #, etc. #57 City & State Bonita Springs Fl. Zip 34135 County Lee	2a. Mailing Address 26 11401 Bonita Bch. Rd. Suite, Apt. #, etc. #57 City & State Bonita Springs Fl. Zip 34135 County Lee	3. Date Incorporated or Qualified 10/18/1994	4. FEI Number 65-0488027	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent WISEMAN, ROBERT 7752 SANCTUARY DRIVE CORAL SPRINGS FL 33065	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	WISEMAN, ROBERT	1.2 NAME	Wiseman, Robert
STREET ADDRESS	7752 SANCTUARY DRIVE	1.3 STREET ADDRESS	11401 Bonita Bch. Rd. #57
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	Bonita Springs, Fl. 34135
TITLE	DST	2.1 TITLE	DST
NAME	WISEMAN, MARGARET	2.2 NAME	Wiseman, Margaret
STREET ADDRESS	7752 SANCTUARY DRIVE	2.3 STREET ADDRESS	11401 Bonita Bch. Rd. #57
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	Bonita Springs, Fl. 34135
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 changes, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)