

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000081741 (0)

1. Corporation Name

**BUSINESSWISE, INC.**  
P 94000081741

Principal Place of Business

Mailing Address

739 E. Silver Springs Rd  
Suite 207  
OCALA, FL 34470  
USA

739 E. Silver Springs Blvd.  
Suite 207  
OCALA, FL 34470  
USA

2. Principal Place of Business

2a. Mailing Address

21 12600 NE 25th Avenue  
Suite, Apt. #, etc.

26 12600 NE 25th Avenue  
Suite, Apt. #, etc.

22 City & State  
23 ANTHONY, FLORIDA

27 City & State  
28 ANTHONY, FLORIDA

24 Zip 32617 25 Country USA

29 Zip 32617 30 Country USA

3. Date Incorporated or Qualified

11-7-94

3a. Date of Last Report

7-10-95

4. FEI Number

65-0536526

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Contributions and  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

MULLINS, WENDY  
12600 NE 25th Avenue  
ANTHONY, FL 32617

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 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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President  
NAME MULLINS, WENDY  
STREET ADDRESS 12600 NE 25th Avenue  
CITY-ST-ZIP ANTHONY, FL 32617

TITLE VICE PRESIDENT  
NAME LOPEZ, PETER L.  
STREET ADDRESS 53 Pine Tree Rd.  
CITY-ST-ZIP OCALA, FL 34472

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.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

VICE PRESIDENT  
LOPEZ, PETER  
12600 NE 25th Avenue  
ANTHONY, FL 32617

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

400001922334  
-08/14/96--01097--012  
\*\*\*225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Wendy Mullins (WENDY MULLINS)

8-7-96

(352) 629-4000

Daytime Phone

0174001

FP

CR2E034 (3/96)