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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 13 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation BUSINE	SSWISE,	INC.		741 (8)		•					
12800 NE 25TH AVENUE				12600 NE 25TH AVENUE							
ANTHONY FL 32617 US				ANTHONY FL 32617-2703 US							
••								3. Date Incorporated or Qualified	3a. Da	ite of Last Re	eport
								11/07/1994	08,	14/1996	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		<b></b>	plied For
21 Suite, Apt. #, etc.				Suite, Apt. #. etc.				65-0536526			l Applicable
				27				5. Certificate of Status Desired		\$8.75 A	
City & State				City & State				6. Election Campaign Financing		\$5.00	<del></del>
<del>-</del>				28				Trust Fund Contribution		Added to	
Zip		Country	Zip		Coun	try		8. This corporation has liability for	intangible	tax under s.	199.032
24				29 30				Florida Statutes		] No	
		and Address of Cur	rent Registere	d Agent		<u></u>		10. Name and Address of New R	egistered	Agent	
	llins, wei				*	31	Name				
12600 NE 25TH AVENUE							Street Addr	ess (P.O. Box Number is Not Accepta	ble)	· · · · · · · · · · · · · · · · · · ·	*
ANTHONY FL 32617				83							
					`	"					
				84 City			City	-	FL	85 Zip (	Code
11. Pursuant	to the provis	ions of Sections 607.0	502 and 607.1	508, Florida Statu	ites, the abo	ove-i	named corp	poration submits this statement for the	purpose of	changing its	s registered
office or re agent. I a	egistered açımı familiar w	ent, or both, in the State, and accept the ob-	ate of Florida. S ligations of, Se	Such change was ction 607.0505, F	authorized Iorida Statu	by t	he corporat	ion's board of directors. I hereby accor-	pt the app	ontment as	registered
SIGNATURE	Somature types	or printed name of registered	anent and title if app	licable (NO	TE Besustered a	Agent	signature recoir	ed when romstating)	DATE		
12.			AND DIRECTOR		13.			ADDITIONS/CHANGES TO OFF		DIRECTOR	S IN 12
TITLE	P		.,	DELETE	1.1 TITE	F	1			Change	Addition
NAME		S, WENDY			1.2 NAM	1E					
STREET ADDRESS	12000 112			1.3 STREET			DDRESS				li
CITY-ST-ZIP		IY FL 32617		1,4 0			ZIP				
TITL€	VP			<del></del>		2.1 TITLE				∐ Change	Addition (
NAME		PETER L		2.2 N							
STREET ADDRESS	l	E 25TH AVENUE		· · ·			DDRESS				
CITY-ST-ZIP TITLE	ANIHUN	IY FL 32617		DELETE	2. 4 CIT		- ZIP			Change	Addition
NAME				<del>_</del>		3.2 NAME				C Charige	Li Addition
STREET ADDRESS					3.3 STR		nnesse				
CITY-SI-7IP					3.4. CIT						
TITLE	•••			DELETE	4.1 TITL			····		Change	Addition
NAME					4. 2 NAM	ME					1
STREET ADDRESS					4.3 STR	EET AI	DDRESS				
CITY-S1-ZIP					4.4 CITY	/- ST -	- ZIF				
THLE				☐ DELETE	5.1 TITL	E				Change	Addition
NAME					5.2 NAN	1E					1
STREET ADDRESS					5.3 STRI	EET A	DDRESS	·			
CITY-S1-ZIP				T priese	5.4 CITY		ZIP				1 1 2 2 2 2 2
TITLE				☐ DELETE	61 TITE					Change	☐ Addition
NAME					6.2 NAM		operee				
STREET ADDRESS					63 STR						
CITY-ST-ZIP	l				6.4 CITY	· \$1-	- 217				1

14. Ido 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 changed, or on an attachment with an address

WENOU T MULLINS