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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000024881 (1)

WISE COMMUNICATIONS, INC.

Principal Plac	ce of Business	Mailing A	Address		_					
6901 16TH S SUITE C ST PETERSB	IT ME BURG FL 33702	SUITE C	6901 16TH ST NE SUITE C ST PETERSBURG FL 33702			DO NOT WRIT	E IN THIS	SPACE		
							3. Date Incorporated or Qualified			
A Dringia al F	Place of Business	A. Maritin	n Addroon				03/27/1995			
 	Tace of Business	<u>├</u> 1	ng Address				4. FEI Number		⊢	oplied For
Suite, Apt.	# etc	26 Suite	Apt. #, etc.				59-3313722		\$8.75	ot Applicable
22		27					5. Certificate of Status Desired		\$6.75 / Fee Re	
City & Sta	te	City 8	k State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees
Zip	Country	Zip	Zip Country				8. This corporation owes or has p	aid the cu	rrent year int	angible
24	25	29		30			Personal Property Tax due Juni	e 30.	Yes [□ No
	g. Name and Address of C	urrent Registered	Agent		_		10. Name and Address of New R	agistered	Agent	
KR	XAVITŽ, EDITH W			8	1	Name				
	01 16TH ST NE				2	Street Address (P.O. Box Number is Not Acceptable)				
	JITE C PETERSBURG FL 33702			8:	3					
				84	4	City		FL	85 Zip (Code
11. Pursuant office or	to the provisions of Sections 60 registered agent, or both, in the	7.0502 and 607.150 State of Florida, Suc	8, Florida Statute	es, the about outhorized to	ve-	named corpo	oration submits this statement for the on's board of directors. I hereby acce	DUIDOSE O	f changing it	is registered
agent. I a	am familiar with, and accept the	obligations of, Secti	on 607.0505, Flo	rida Statute	es.		,,,,,	, . , , , ,		
SIGNATURE	Signature, typed or printed name of registor	ored agent and fille if applica	ible {NO16	: Registered A	geni	t signature required	d when rainstating)	DATE		
12.	, 	FICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFI	CERS ANI		
TITLE	P/D		DELETE	1.1 TITLE					Change	Addition
NAME	KRAVITZ, EDITH W			1.2 NAME						
STREET ADDRESS	6901 18TH STREET N.E.			1.3 STREE	ET A	ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33	3702		1.4 CITY -	- 51-	- ZIP				
TITLE	D		DELETE	2.1 TITLE					☐ Change	Addition
NAME	KRAVITZ, RICHARD A			2.2 NAME						
STREET ADDRESS	6901 16TH STREET N.E.			2 3 STREE	ET A	VDDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33	702		2 4 CITY	- ST	r- ZIP				
TITLE			L DELETE	3 1 TITLE					L Change	Addition
NAME				3.2 NAME	-					
STREET ADDRESS				3.3 STREE	ET A	ADDRESS				
CITY-ST-ZIP				3.4. CITY	-ST	- ZIP				
TITLE			DELETE	4.1 TITLE		1			Change	Addition
NAME				4, 2 NAM	E					
STREET ADDRESS				4.3 STREE	et a	ADDRESS				
CITY-ST-ZIP		•		4,4 CITY -	ŞT-	- ZIP				
TITLE			DELETE	5.1 TITLE		}			Change	Addition
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	et Ai	odress				
CITY-ST-ZIP				5.4 CiTY-	ST-	- ZIP				
TITLE			DELETE	6.1 TITLE					☐ Change	Addition
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREE	ET A	DORESS				
CITY-ST-7IP				6 4 CITY -	ST-	- 71P				

14. Thereby 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 a attachment with an address.

SIGNATURE:

Edish M. Krants

1/12/98 813/524-7470

FILED

Jan 20 1998 8:00am

Secretary of State

A CRANIDAS DEL ARREN BONO BONO BONO BONO BONO BUNCO CIDAD SE LOS CUERCIDAS SE CONTRACTORAS SE CONTRACTORAS SE C

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