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

PROFIT CORPORATION ANNUAL REPORT

1997



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9500088850 (9)

WISDOM OF THE NEW MILLENNIUM, INC.

2487 N.W. 87TH DR.	2487 N.W. 87TH DR.
CORAL SPRINGS FL 33065	CORAL SPRINGS FL 33065-5372
Principal Place of Business	Mailing Address

## FILED Mar 14 1997 8:00am Secretary of State



2487 N.W. 87TH DR. CORAL SPRINGS FL 33065			2487 N.W. 87TH DR. CORAL SPRINGS FL 33065-5372					
					3. Date Incorporated or Qualified 11/17/1995	3a. Date of Las	ı	
	lace of Business	2a, Mailing Addro	SS		4. FEI Number		Applied For	
21		26			65-0632548			
Suite, Apt.		Suite, Apl. #, :	etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Ζφ [ <b>29</b> ]	[30]	ountry	<ol> <li>This corporation has liability for intengible tax under s. 199.032,</li> <li>Florida Statutes</li> </ol> X Yes ☐ No			
<u> </u>	9. Name and Address	of Current Registered Agent			10. Name and Address of New F	Registered Agent		
	CHELL, JOE M III			81 Name-	TACK SABLER			
9707 WEST SAMPLE RD. CORAL SPRINGS FL 33065					Address (P.O. Box Number is Not Accept	5		
44 6		- ont or on I out at out till the		84 City	PRAL SPRINGS	FL    ⊰	3065	
office or re	egistered agent, or both, iri m familiar with, and accept	is 607.0602 and 607.1508, Florid I the State of Horida. Such chang I the obligations of, Section 607.0	e statutes, the le was authoriz 505, Florida St	anove-named ed by the corp alules.	corporation submits this statement for the poration's board of directors. Thereby acc		g its registered as registered	
SIGNATURE	Signalur . hyped or printed fail or or	Saller Ja	CK J.	Sad ed Agent signature	tler March required when reinstating)	7, '97		
12.	OFFIC	CERS AND DIRECTORS	13		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	ORS IN 12	
TITLE	P	M oéi	ETE 1.1	DTLF	P	Chang		
NAME	orias, John		12	NAME	SUSIAN ORIAS			
STREET ADDRESS	2487 N.W. 87TH DR.		13 S1F		SUSPON ORIAS 2487 NW87 BRIVE CORAL SPRINGS F	5 - 64	_	
CITY-ST-ZIP	CORAL SPRINGS FL			CITY-S!-ZIP	CORAL SPRINGS F	2 33065		
TITLE	ν	☐ DEI	ETE 21	IIILE		∐ Chang	e 🔲 Addition	
NAME	SADLER, JACK			NAME		•		
STREET ADDRESS	2487 N.W. 87TH DR.		2.3	STREET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL	33065		Diffy - S1 - ZIP				
TITLE		L. DEL		TINEE		☐ Chang	e 🔲 Addition	
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STREET ADDRESS				STREET ADDRESS	*			
CITY-ST-ZIP TITLE				C(1Y - S1 - Z(P TITLE		Chang	e Addition	
NAME		L_J (At		NAME		Onling	2 Livering	
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				011Y - \$1 - 74P				
TITLE		DEL		MILLE MILLE		Chang	e Addition	
NAME				NAME		•		
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY - ST - ZIP				
TITLE		DEL		Mile Silven		Chang	e Addition	
NAME			6.2	NAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY - S1 - 7IP			-	
	w cortify that the information	رة مغملا محددة والبارانية أغلام وأمغرانية	at an alife for the	a commentan n	tated in Contine 110 07/2\/\) Unide Ctate	to a 1 femilian and the sti		

I do 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 suppliemental annual report is true and accurate and that my signature shall have the same logal 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.