FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000092614 (3) DOCUMENT # 1. Corporation Name WISE TEL INC. Mailing Address Principal Place of Business 9204 HAWKINS COURT 9204 HAWKINS COURT **NEW PORT RICHEY FL 34655 NEW PORT RICHEY FL 34655** 3. Date Incorporated or Qualified 3a. Date of Last Report 12/06/1995 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 23 This corporation has liability for intangible tax under s 199.032, Country Zφ Country Zip Yes DNo Florida Statutes* 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CLARK, AL Street Address (P.O. Box Number is Not Acceptable) 82 \$2600 S. BELCHER RD. **R3** SUITE 104E **LARGO FL 34643** Zip Code 84 City 85 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. OFFICERS AND DIRECTORS

PRESIDENT (NCITE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. PRESIDENT Change Addition DELETE NICHNAS VERRENGIA 1. 1 TITLE TITLE MILHOLAS VERRENGIA 1.2 NAME 9204 HAWKING CS NAME 9204 HAWKINS CT 1.3 STREET ADDRESS 34655 STREET ADDRESS NEW PORT Richer FL NEW PORT RICHEY FL 1.4 CHY-\$1-ZP CITY-ST-ZIP DELETE Addition 2 1 TIT: F TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CiTY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3 1 HJUE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETÉ 4 1 T:TLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS 300001838363 STREET ADDRESS 4.4 CITY - ST - ZIP -05/24/96--01035 CITY-ST-ZIP Addition DELETE 5. 1 TITLE ***200.00 TITLE NAMÉ 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 6. 1 TITLE TITLE NAME 12 6.3 STREET ADDRESS STREET ADDRESS 6.4 CiTY-ST-7IP CITY-ST-ZIF 14. Ido 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 poeriver 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.

Nicholas VERRENGIA