## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

2. Principal Place of Business

CLARK, AL

SUITE 104E

**LARGO FL 34643** 

Suite, Apt #, etc.

City & State

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

## 1998 DIVISION OF CORPORATIONS DOCUMENT # P95000092614 (3) WISE TEL INC. Principal Place of Business Mailing Address 9204 HAWKINS COURT 9204 HAWKINS COURT NEW PORT RICHEY FL 34655 NEW PORT RICHEY FL 34655

2a. Malling Address

City & State

Suite, Apt. #, etc.

26

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Zip

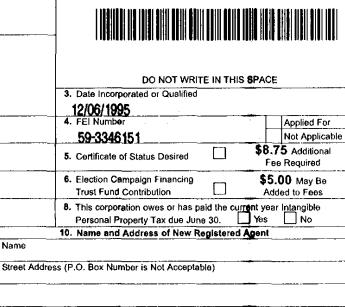
Country

9. Name and Address of Current Registered Agent

25

12600 S. BELCHER RD.

## **FILED** Oct 01 1998 8:00am Secretary of State



		,	84	City		FL	85	Zip Co	de
office or	to the provisione of sections 607.0502 and 607.1508 registered agent, or took, in the State of Florida, Suct am familiar with a success the stigations of section	h change was autl	norized by t	the corporation's boa	ard of directors. I hereby ac	e purpose of ch	inging iment :	its regis as régis	stered stered
SIGNATURE	Signature, typed or printed name of registered eyent and title if applicable	Ju V	Registered to	ont signature required when		DATE	<u> </u>	18	
12.	OFFICERS AND DIRECTORS	<del> </del>	13.		DDITIONS/CHANGES TO		5 DIRE	CTOR	S IN 12
TITLE	S	DELETE	1.1 TITLE			7	Cha		Addition
NAME	VERRENGIA, NICHOLAS		1.2 NAME			•	U.,u	inge (_	ridoneii
STREET ADDRESS	9204 HAWKINS COURT		1.3 STREET	ADDRESS					
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-	ZIP					
TITLE	P	DELETE	2.1 TITLE		·•		Cha	nge	Addition
NAME	VERRENGIA, FRANK		2.2 NAME			•		g- L_	
STREET ADDRESS	7108 LAKE MAGNOLIA DR		2.3 STREET	ADDRESS					
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CiTY-ST-	ZIP					
TITLE		DELETE	3.1 TITLE				Cha	nge .	Addition
NAME			3.2 NAME			_	_	•	_
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ŽIP			3.4 CITY-ST-	ZIP					
TITLE		DELETE	4.1 TITLE				Cha	nge [	Addition
NAME			4.2 NAME	[		_		•	
STREET ADDRESS			4.3 STREET A	ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-	ZIP					
TITLE		DELETE	5.1 TITLE				Cha	nge [_	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET A	ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-	ZIP					
TITLE		DELETE	6.1 TITLE				Chai	nge [	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET A	ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-						
14. I 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 13 if changed or or an attachment with an address.									

Country

81

В3

30