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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 15 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000088745 (0)

TIMEWISE, INC.

ARINCIPAL Place of Business  486 NORTH TEMPLE AVENUE STARKE FL 32864		Mailing Address 486 NORTH TEMPLE AVENUE STARKE FL-32091-3208		T HODEROOF THE CENTE ENTIT CONTENTION OF THE COURT PERS CENTE DISCUSSION OF THE				
· · · · · ·			_ <b>/</b>		3. Date Incorporated or Qualified 10/25/1996	3a. Date of La	st Report	
21 215-1	lace of Business. B. W. Washington St	28. Mailing Address 26 215-B W. Washington St			4. FEI Number 59-3416010	O Applied For Not Applicable		
Suite, Apt.		Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	ke FL =	City & State FL			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
24 32-C		29 32091 30	Country	·		Yes <b>(X</b> No	er s. 199.032,	
RRA	9. Name and Address of Current WN, TERENCE M	t Hegistered Agent	81	Name A	10. Name and Address of New Reg	distered Agent		
<del>-215</del> -Stai	B WASHINGTON STREET RKE FL 32001	(change Address)	82 83	Street Arighe 486 City S. H.	iss () O. Bax Number is Not Acceptable North Temple Av.	FL  85	7ip Code 5 209 (-3208	
Dilice or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State m familiar with, and accept the obliga	ot Florida. Such chance was auth	orized bi	r the corporatio	oration submits this statement for the pron's board of directors. I hereby accep	irnoed of changing	or its resisteres!	
SIGNATURE								
12.	Signature, typed or printed narin of registered ager OFFICERS ANI.	· · · · · · · · · · · · · · · · · · ·	gistered Age	nt signature required	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRECT	IORS IN 12	
TITLE	D	□ DELÉTE	1.1 THE			Chan		
NAME	BELCHER, TERRY B		1.2 NAME					
STREET ADDRESS	501 S. MYRTLE STREET		1.3 STREET	AUDRESS				
CITY-ST-ZIP	STARKE FL 32091	T receive	1.4 CHY: \$1 - ZIP					
TITLE NAME	D DIOAD DADDEU D	□ DELETE	2.1 THUE			L_J Chan	ge L Addition	
STREET ADDRESS	DUGAR, DARRELL R 305 S. CHURCRH STREET		2.2 NAME 2.3 STREET	ADDIOLOG				
CITY-ST-ZIP	STARKE FL 32091		2.4 City-:					
TITLE	OLYMPETE ACAST	DELLE	3.1 11111	21.74		Chan	ge Addition	
NAME			3.2 NAME			<del></del>	-	
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			34 CITY-	51 - ZIP				
TITLE		L,) delete	4.1 TILLE			Chan	ge 🔲 Addition	
NAME STREET ADDRESS			4. 2 NAME	ADOUG OF				
CITY-ST-ZIP			4.3 STREET					
TITLE		DELETE	4.4 CHY-S 5.1 THEE	<u>ι- ΣΙΙ΄</u>		Chan	ge 🔲 Addition	
NAME		_ <del>-</del>	5.2 NAME			ر القال	g	
STREET ADDRESS			5.3 STREET	ADDRESS			ŀ	
CITY-ST-ZIP		<u> </u>	54 CHY- S	1 - ZIP				
TITLE		□ DELETE	6 1 THUE			Chan	ge 🔲 Addition	
NAME			6.2 NAME					
STREET ADDRESS			63 STHEET	ADDRESS				

14. 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 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.