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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000102900 (3)

1. Corporation Name
GROWTH-WISE CONSULTING CORPORATION



Principal Place of Business
30 NO RING AVE. STE 400
TARPON SPRINGS FL 34689

Mailing Address
30 NO RING AVE. STE 400
TARPON SPRINGS FL 34689-4304

3. Date Incorporated or Qualified
11/25/1996

3a. Date of Last Report

2. Principal Place of Business
21 454 MacGREGOR Rd.
Suite, Apt. #, etc.

2a. Mailing Address
26 454 MacGREGOR Rd.
Suite, Apt. #, etc.

4. FEI Number
59-3415077

Applied For
Not Applicable

22 City & State
23 WINTER SPRINGS, FL
Zip 32708 Country US

27 City & State
28 WINTER SPRINGS, FL
Zip 32708 Country US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 32708 25 US

29 32708 30 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUMIS, GEORGE N
30 NO RING AVE. STE 400
TARPON SPRINGS FL 34689

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

JAMES A. KUNCIS
454 MacGREGOR ROAD
WINTER SPRINGS, FL 32708

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: JAMES A. KUNCIS, Director 4/3/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME KUNCIS, JAMES A
STREET ADDRESS 3501 SARAZEN DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE D
1.2 NAME KUNCIS, JAMES A
1.3 STREET ADDRESS 454 MacGREGOR Rd
1.4 CITY-ST-ZIP WINTER SPRINGS, FL 32708

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: JAMES A. KUNCIS, Director 4/3/97 (407) 327-4066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)