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PROFIT
CORPORATION
ANNUAL REPORT

~1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🤻 🔹

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000108582 (2)

FILED Mar 10 1998 8:00am Secretary of State

WISDOM ENTERPRISE INCORPORATED Principal Place of Business Mailing Address 5104 N. ORANGE BLOSSOM TRAIL. STE. 204 5104 N. ORANGE BLOSSOM TRAIL, STE. 204 ROSEMONT BLDG ROSEMONT BLDG. ORLANDO FL 32810 ORLANDO FL 32810 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/29/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-348 4633 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Country Zio This corporation owes or has paid the current year Intengible 29 Personal Property Tax due June 30. Yes 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LUGO, FLOR E 3718 KITTY HAWK AVE. 82 ORLANDO FL 32808 83 84 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. I are armiliar with and accept the appointment as registered agent. I are armiliar with and accept the obligations of, Section 607 0505, Florida Statutes. President and CED 12. 13. Addition DELETE ☐ Change TITLE 1.1 TITLE NAME 12 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP Change ☐ Addition 2.1 TITLE TITLE tity Hank Dreams NAME 2.2 NAME STREET ANDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change Addition TITLE 3.1 TITLE NAME 32 NAME by Hawk Avenue STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS C(TY-SI-2)P 4.4 CITY-ST-7/P Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELFTE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6 4 CITY-ST-ZIP CITY-ST-ZIP

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 12 or Block 13 if changed, or on an altackment with an address.

SIGNATURE:

Assenio Lugo Pres i CFD 02/03/95 299-290