

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90137 017 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000066021**

1. Corporation Name
~~WISE COUNSEL FINANCIAL AND INVESTMENT SERVICES, INC.~~
 WISE Counsel Financial Services, Inc.



Principal Place of Business
 6105 RALEIGH STREET
 #308
 ORLANDO FL 32835

Mailing Address
 6105 RALEIGH STREET
 #308
 ORLANDO FL 32835

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **6314 Picketon St.**
 Suite, Apt. #, etc.
 22
 City & State
 23 **Orlando FL**
 Zip Country
 24 **32810** 25 **Orange**

2a. Mailing Address
 26 **P.O. Box 680204**
 Suite, Apt. #, etc.
 27
 City & State
 28 **Orlando FL**
 Zip Country
 29 **32808** 30 **Orange**

3. Date Incorporated or Qualified
07/23/1998

4. FEI Number Applied For
 Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
PELHAM, DONO WAREZ
 6105 RALEIGH STREET
 #308
 ORLANDO FL 32835

10. Name and Address of New Registered Agent
 81 Name **SAME**
 82 Street Address (P.O. Box Number is Not Acceptable)
6314 Picketon Street
 83
 84 City **Orlando** FL 85 Zip Code **32810**

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 *[Signature]* DATE **4/17/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	PELHAM, DONO W
STREET ADDRESS	6105 RALEIGH STREET, #308
CITY-ST-ZIP	ORLANDO FL 32835
TITLE	PD <input type="checkbox"/> DELETE
NAME	PELHAM, ANGELIA E
STREET ADDRESS	6105 RALEIGH STREET, #308
CITY-ST-ZIP	ORLANDO FL 32835
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dono W. Pelham
1.3 STREET ADDRESS	6314 Picketon St
1.4 CITY-ST-ZIP	Orlando FL 32810
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Angelia Pelham
2.3 STREET ADDRESS	6314 Picketon St.
2.4 CITY-ST-ZIP	Orlando FL 32810
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **4/17/99** DAYTIME PHONE # **407-578-5095**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)