PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

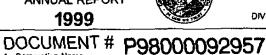
Katherine Hairis 👡 🦙 Secretary of State

DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State 05-05-1999 90119 023 ***150.00

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Corporation Name	f
BETSY WISE, INC.	I ARRÎNÎN MÎ TRINÎ MÎN ALIN AND AND AND AND AND AND AND AND AND AN

Mailing Address Principal Place of Business 11465 N.E. 9TH COURT 11465 N.E. 9TH COURT BISCAYNE PARK FL 33161 BISCAYNE PARK FL 33161 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 10/30/1998 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apl. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State \Box Added to Fees Trust-Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zip Country ☐ Yes Personal Property Tax 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WISE, LAURA Street Address (P.O. Box Number is Not Acceptable) 82 11465 N.E. 9TH COURT **BISCAYNE PARK FL 33161** 83 85 Zip Code 84 City 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 (NOTE: Registered Agent atgrature required when remalating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN.12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition PHECIDEN □ DELETE 1.1 TITLE пле LAVEA-WISE 12 NAME NAME 11465 NE 9th CT 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZI Change Addition DELETE 2.1 TME TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 3.1 TITLE ШE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZP Change Addition ☐ OELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET AODRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE Change DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

8.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby cartify that the information supplied with this filling does not qualify for the examption stated in Section 119.07(3)(i). Florida Statutes. I further cartify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 stated and the same legal effect as if made under eather this report as required by Chapter 607, Florida Statutes; and that my name appears in stated and the same legal effect as if made under eather this report as required by Chapter 607, Florida Statutes; and that my name appears in the same legal effect as if made under eather the same legal effect a

SIGNATURÉ

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