FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 AM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S03531** **(8)**

1. Corporation Name
B. WISE MANAGEMENT CORP.

Principal Place of Business	Mailing Address
428 LIGHTHOUSE DRIVE SUITE 15-WW NORTH PALM BEACH FL 33408 US	428 LIGHTHOUSE DR SUITE 15-WW NORTH PALM BEACH FL 33408 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/28/1990
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21 428 LIGHT HOUSE DR.
Suite, Apt. #, etc.: 22
City & State: 23 NORTH PALM BEACH FL
Zip: 24 33408 Country: 25 US

2a. Mailing Address
26 428 LIGHTHOUSE DR.
Suite, Apt. #, etc.: 27
City & State: 28 NORTH PALM BEACH FL
Zip: 29 33408 Country: 30 US

4. FEI Number: 65-0223700 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WISE, JOSEPH
400 QUADRANT RD
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

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

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Joseph B. Wise (Signature required when filed or the typed name of registered agent and title if applicable) JOSEPH B. WISE (NOTE: Signature required when reinstating) DATE: April 14 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	WISE, WILLIAM B	1.2 NAME		
STREET ADDRESS	428 LIGHTHOUSE	1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL	1.4 CITY-ST-ZIP		
TITLE	VDT	2.1 TITLE		☐ Change ☐ Addition
NAME	WISE, DIANA M	2.2 NAME		
STREET ADDRESS	428 LIGHTHOUSE DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: William Blaine Wise 4-19-95 407 842-4030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT

0047220 CP