## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

	1	9	9	6

DOCUMENT # \$67109

(6)

Corporation Name

SUE CAROLYN WISE PROPERTIES, INC.

SUE CAROLYN WISE PROPERTIES, INC.									
Principal Place of Business Mailing Address						118 61111 10881 118(1 88(1	. (A() E(B1) E(E) ())	ı V:619 BIE41 41111 (84)	
275 COMMEI Lauderdale	rcial BLVD. E by the sea fl 33308		275 COMMERCIAL BLVD. LAUDERDALE BY THE SEA FL 33308						
						3. Date Incorporated or Qualified 07/12/1991	3a. Date of L 05/01	ast Report //1995	
2. Principal Pl. 21	ace of Business	2a. Mailing A	ddress			4. FEI Number 65-0274479	· • · · · · · · · · · · · · · · · · · ·	Applied For	
Suite, Apt.	#, etc.	Suite, Ap	t #, etc.				•	Not Applicable  8.75 Additional	
22		27				5. Certificate of Status Desired		Fee Required	
Crty & State	€	City & Sta	ato		- 12	6. Election Campaign Financing		55.00 May Be	
Zip	Country	28] Zip	· · · T	Count y		Trust Fund Contribution		Added to Fees	
24 25		[29]				8. This corporation has liability for intangible tax under: Florida Statutes  Yes  No		ders 199.032,	
	9. Name and Address of Curre					10. Name and Address of New R		nt	
				81	Name				
	UE CAROLYN			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
	MMERCIAL BLVD. DALE BY THE SEA FL 33308			83	·				
DAUDEN	DALE DI THE SEA PL 33308								
				8.1	City		FL 85	Zip Code	
SIGNATURE _	Signature, typed or protect name of registered sign	rison 607,0505, rjon rison spiklaki	da Statutes	Begrann J Agir		and of directors. Thereby accept the appoint	DATE	stered agent. I am	
12. Title	OFFICERS AN	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI	- <del></del>		
NAME	WISE, SUE CAROLYN		DELETE	1 1 TITLE			☐ Ch	ange 🗌 Addition	
STREET ADDRESS	275 COMMERCIAL BLVD			1.2 NAMI 1.3 STREET	Athonics				
CITY - ST - ZIP	LAUDERDALE BY SEA FL			14 CITY - S					
TITLE			DELETE	2 1 TITLE			☐ Ch	ange 🔲 Addition	
NAME				2.2 NAME	Ì				
STREET ADDRESS				2.3 STREET	ADDRESS				
CITY -ST - ZIP		F*-1 c	No. 5 To	2 4 CITY - S	1 - ZiF				
TITLE NAME			DELETE	3 1 THILE			☐ Ch	ange 🔲 Addition	
STREET ADORESS				3.2 NAME 3.3 STEE 1	- ADMOUNT				
CITY - ST - ZIP				3.4 CHTY - 5					
TITLE			DELETE	4 1 THILE			☐ Ch	ange Addition	
NAME				4.2 NAME	ļ		_		
STREET ADDRESS				4 3 STREET	ADDHESS				
DITY-ST-ZIP				4.4.0-TY-S	T · ZIP				
TITLE		(	DELETE	5 1 TITLE			Ch.	ange 🔲 Addition	
NAME				5.2 NAME					
STREET ADDRESS				53STREE	- 1				
CITY+ST+ZIP TITLE	•		DELFIE	5 4 CITY - S	1 - 21P				
NAME		بان	/L1114	6 1 THILE 62 NAME			☐ Cha	inge 🔲 Addition	
STREET ADDRESS				53 STREET	Annosee				
CITY-ST-ZIP				6.4 CHEF					
	certify that the information supplied	verb this filmous volu	intarily furnishe			for the eventuation stated in Section 1107	22/00/0 Dissists 5	Not due 14 die	

14. Too hereby certify that the information supplied with this flying is voluntarily furnished and docs not qualify for the exemption stated in Section 119.07(3)(k). 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 logal effect as if made under oath, that I am an officer or director of the corporation or the neceiver 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 phanged, or open attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23,1996

954 111/2335