Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90011 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



Mailing Address

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V73764

1. Corporation Name

Principal Place of Business

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

A WISE COUNSELOR, P.A.

908 SPRING VALLEY ROAD 908 SPRING VALLEY ROAD ALTAMONTE SPRINGS FL 32714 US						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 10/22/1992) -
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Ар	plied For	
21	1 225oo	26				59-3150620		No	t Applicable	l
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired					
City & State	9	City & State				6. Election:Campaign:Financing		\$5.00	May Be	
23		28				Trust Fund Contribution Added to Fees				l
Zip	Country	Zip Country				8. This corporation owes the curre	nt year Inta	ıngible		ļ
24	4 25 29		30			Personal Property Tax. Yes No				l
	9. Name and Address of Current	Registered Agent		L.		10. Name and Address of New R	egistered A	Agent		l
				81	Name					ŀ
908	e, martha S. Spring valley road			82	Street Addre	ress (P.O. Box Number is Not Acceptable)				1 .
ALTA	AMONTE SPRINGS FL 32714			83						
				84	City		FL	85 , Zip (Code	. س
SIGNATURE	to the provisions of Sections out 7.50 to the State of m familiar with, and accept the obligation of the state of the section	ons of, Section 607.0505, FI and title if applicable. (NOT	Orida Stat	utes.	t signature required	when reinstating)	DATE			(8)
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AN		Addition	130
TITLE	PDT	☐ DELETE						☐ Change	☐ Addition	Ξ
NAME	WISE, MARTHA S		1.2 NA							8
STREET ADDRESS 908 SPRING VALLEY RD					ADDRESS					2E
CITY-ST-ZIP	ALTAMONTE SPRINGS FL			1.4 CITY-ST-ZIP			·	Change	Addition	CR2E034 (11/98)
TITLE	VDS	☐ DELETE						☐ Change	Audition	Ĭ
NAME	WISE, NEAL		2.2 NAM							l
STREET ADDRESS					ADDRESS]
CITY-ST-ZIP	ALTAMONTE SPRINGS FL			TY-S	T-ZIP			Change	Addition	1
TITLE										
NAME ATTECT ADDRESS			3.2 NAME		ADDRESS					
STREET ADDRESS				ITY-S]
CITY-ST-ZIP		DELETE	4,1 T		1-20			☐ Change	Addition	}
NAME			4.21	AME			•			
STREET ADDRESS			4.38	TREET	ADORESS					ĺ
CITY-ST-ZIP			1	ITY-S1	j]
TITLE		☐ DELETE	5.1 T					Change	☐ Addition	l
NAME			5.2 N	AME	l					l
STREET ADDRESS			5.3 S	TREET	ADDRESS					1
CITY-\$T-ZIP	1		54 C	ITY-ST	-ZIP					1
ште		☐ DELETE	6.1 T	ΠLE				Change	☐ Addition	ì
1	1		62 N	AME						i

6.3 STREET ADDRESS

6,4 CITY-ST-ZIP

14. 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 pranattactment with an address, with all other like empowered.