

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000070909 (4)**

1. Corporation Name

**THE MORTGAGE WIZARD, INC.**



Principal Place of Business

Mailing Address

1175 NE 125TH STREET  
SUITE 609  
NORTH MIAMI FL 33161

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SUITE 609  
NORTH MIAMI FL 33161

3. Date Incorporated or Qualified  
**09/23/1994**

3a. Date of Last Report  
**03/03/1995**

4. FEI Number

**65-0523102**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, LYNDA  
4447 N BAY RD  
MIAMI BEACH FL 33140

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 accept the obligations of, Section 607.005, Florida Statutes.

SIGNATURE

Signature for Corporation (Required for all Corporations)

Signature of Registered Agent (Required when Changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: **P**  DELETE  
2. NAME: **COHEN, LYNDA**  
3. STREET ADDRESS: **4447 N BAY ROAD**  
4. CITY-STATE-ZIP: **MIAMI BEACH FL**

1.1 TITLE:  Change  Addition  
1.2 NAME:  
1.3 STREET ADDRESS:  
1.4 CITY-STATE-ZIP:

2. TITLE:  DELETE  
2.1 NAME:  
2.2 STREET ADDRESS:  
2.3 CITY-STATE-ZIP:

2.1 TITLE:  Change  Addition  
2.2 NAME:  
2.3 STREET ADDRESS:  
2.4 CITY-STATE-ZIP:

3. TITLE:  DELETE  
3.1 NAME:  
3.2 STREET ADDRESS:  
3.3 CITY-STATE-ZIP:

3.1 TITLE:  Change  Addition  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY-STATE-ZIP:

4. TITLE:  DELETE  
4.1 NAME:  
4.2 STREET ADDRESS:  
4.3 CITY-STATE-ZIP:

4.1 TITLE:  Change  Addition  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY-STATE-ZIP:

5. TITLE:  DELETE  
5.1 NAME:  
5.2 STREET ADDRESS:  
5.3 CITY-STATE-ZIP:

5.1 TITLE:  Change  Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY-STATE-ZIP:

6. TITLE:  DELETE  
6.1 NAME:  
6.2 STREET ADDRESS:  
6.3 CITY-STATE-ZIP:

6.1 TITLE:  Change  Addition  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY-STATE-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)(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 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; unchanged, or on an alternate line with an address.

SIGNATURE:

*Lynda Cohen* **LYNDA COHEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96

(305) 895-0506

DATE DATE OF FILING

CR2E034 (12/95)