

07071999-90009-042-\$150.00-\$150.00

FILED  
Jul 07, 1999 8:00 am  
Secretary of State

07-07-1999 90009 042 \*\*\*150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000070909 ✓  
1. Corporation Name  
THE MORTGAGE WIZARD, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1175 NE 125TH STREET  
SUITE 609  
NORTH MIAMI FL 33161

Mailing Address  
1175 NE 125TH STREET  
SUITE 609  
NORTH MIAMI FL 33161

3. Date Incorporated or Qualified  
09/23/1994

2. Principal Place of Business  
21 810 S. State Road 7  
Suite, Apt. #, etc.

2a. Mailing Address  
26 810 S. State Road 7  
Suite, Apt. #, etc.

4. FEI Number  
65-0523102

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 Plantation, FL

27 Plantation, FL

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 33317 25 USA

29 33317 30 USA

8. This corporation owes the current year Intangible Personal Property.  Yes  No

9. Name and Address of Current Registered Agent  
COHEN, LYNDA  
3402 ISLAND RD  
COOPER CITY FL 33028

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 accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, LYNDA	1.2 NAME	
STREET ADDRESS	3402 ISLAND RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33028	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 on an attachment with an address.

SIGNATURE: Lynnda Cohen 7/1/99 (954) 704-9884  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

P94000070909  
601852-90014-25

**THE MORTGAGE WIZARD INC.  
810 S. STATE ROAD 7  
PLANTATION, FL 33317**

July 20, 1999

Division of Corporations  
Attn: Sean Toner  
PO Box 6327  
Tallahassee, FL 32314

Ref #: P94000070909

Dear Sean:

I was given your name this morning as I received another letter in the mail requesting the \$400.00 late fee. I had called last week and was told to send a letter of explanation along with the application and that the late fee would be adjusted. Kindly assist me in this matter.

I gave birth to my daughter on April 26, 1999. Due to my pregnant condition, I had my all of my business mail forwarded to my home beginning in late January. I did not receive the first mailing and hence, did not pay on time. Please deduct the \$400.00 and credit my account accordingly.

If I can offer you any further information, please feel free to call me at (954) 704-9884.  
Thank you.

Sincerely,



Lynda Cohen  
President