5-21-98 B. 7793 C

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

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May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **H67384** **(8)**

1. Corporation Name
THE PROPERTY WIZARD, INC.

Principal Place of Business	Mailing Address
235 S CENTRAL AVENUE OVIEDO FL 32765	235 S CENTRAL AVENUE OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1985

2. Principal Place of Business	2a. Mailing Address
21 95 DORELL CT	26 95 DORELL CT
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: OVIEDO, FL	28 City & State: OVIEDO, FL
24 Zip: 32765 25 Country: US	29 Zip: 32765 30 Country: US

4. FEI Number: 59-2566195 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SOADER, GARY E. 1750 N MAITLAND AVE. MAITLAND FL 32751 DAVID E. KNICKERBOCKER	81 Name: DAVID E. KNICKERBOCKER 82 Street Address (P.O. Box Number is Not Acceptable): 95 DORELL CT. 83 84 City: OVIEDO FL 85 Zip Code: 32765

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: [signature] 5/7/98
Signature, typed or printed name, title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KNICKERBOCKER, DAVID E	1.2 NAME	
STREET ADDRESS	95 DORELL COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	1.4 CITY-ST-ZIP	
TITLE	V ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DAVENPORT, CONLEY D.	2.2 NAME	
STREET ADDRESS	4080 LAKE HARNEY	2.3 STREET ADDRESS	
CITY-ST-ZIP	GENEVA FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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] 5/7/98 407