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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 SEP -3 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K65467
1. Corporation Name
WIZARD LAND INC.

Principal Place of Business Mailing Address
1730 COUNLEE AVE 1730 COUNLEE AVE
JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210
US US

2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or qualified	3a. Date of Last Report
21	26	12/23/1964	04/10/1996
22	27	59-2946743	Applied For
23	28		Not Applicable
24	29		
25	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WERKING, HENRY 1730 COUNLEE AVE JACKSONVILLE, FL 32210	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 Henry H. Werking 8-29-97
Signature typed or printed name of registered agent and file 1 application (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD WERKING, HENRY 1730 COUNLEE AVE. JACKSONVILLE, FL 32210	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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: Henry H. Werking 8-19-97 904-354-9922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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IDENTIFIABLY YOU
1003 PARK STREET
JACKSONVILLE, FL 32204 904-354-9922 PRESIDENT: ADA S. CUTLER

August 5, 1997

Florida Department Of State
Division Of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32334

Dear Administrator:

Enclosed is a copy of the Corporate Annual report that was just sent to me. I didn't receive any letters for Wizard Land Inc. Also enclosed is a check for \$165.00. I do hope that you accept this payment as being on time. I had to call to get a copy of the report. Thank you in advance.

Sincerely;



Henry A. Werking
President Wizard Land Inc.