FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 21 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P25314** **(6)**

1. Corporation Name
WIZCOM INTERNATIONAL, LTD., CO.

Principal Place of Business	Mailing Address
900 OLD COUNTRY ROAD GARDEN CITY NY 11530	900 OLD COUNTRY ROAD GARDEN CITY NY 11530

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/25/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) County (25) | Zip (29) County (30)

4. FEI Number: 11-2650571 ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	1.1 TITLE	☐ Change ☐ Addition
NAME	LYNCH, JOHN J.	1.2 NAME	
STREET ADDRESS	1096 GRANT AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PELHAM MANOR NY	1.4 CITY-ST-ZIP	
TITLE	AS	2.1 TITLE	☐ Change ☐ Addition
NAME	SCLAFANI, KAREN C.	2.2 NAME	
STREET ADDRESS	14 OAK POINT DRIVE N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAYVILLE NY	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	BOVINO, CHARLES A.	3.2 NAME	
STREET ADDRESS	2 HIGH MEADOW COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	OLD BROOKVILLE NY	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	MCNICHOLAS, DAVID	4.2 NAME	
STREET ADDRESS	85 LLOYD HARBOR ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LLOYD HARBOR NY	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	FEREZY, LAWRENCE	5.2 NAME	
STREET ADDRESS	64 CHESTNUT LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WOODBURY NY	5.4 CITY-ST-ZIP	
TITLE	V.P.	6.1 TITLE	☐ Change ☐ Addition
NAME	STEVEN L. GREENBERGER	6.2 NAME	
STREET ADDRESS	162 HIGH POND DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JERICHO, N.Y. 11753	6.4 CITY-ST-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)(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: Steven L. Greenberger S.L. GREENBERGER 3/28/95 516-222-3933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000040 FP