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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P25314 (6)

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



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

Mailing Address
900 OLD COUNTRY ROAD
GARDEN CITY NY 11530-2128

3. Date Incorporated or Qualified 07/25/1989
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

11-2850571

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and then if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	LYNCH, JOHN J.	
STREET ADDRESS	1098 GRANT AVENUE	
CITY - ST - ZIP	PELHAM MANOR NY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SCLAFANI, KAREN C.	
STREET ADDRESS	14 OAK POINT DRIVE N.	
CITY - ST - ZIP	BAYVILLE NY	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BOVINO, CHARLES A.	
STREET ADDRESS	2 HIGH MEADOW COURT	
CITY - ST - ZIP	OLD BROOKVILLE NY	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MENICHOLOS, DAVID	
STREET ADDRESS	85 LLOYD HARBOR ROAD	
CITY - ST - ZIP	LLOYD HARBOR NY	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FEREZY, LAWRENCE	
STREET ADDRESS	64 CHESTNUT LANE	
CITY - ST - ZIP	WOODBURY NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GREENBERGER, STEVEN L	
STREET ADDRESS	162 HIGH POND DRIVE	
CITY - ST - ZIP	TERICHO NY	

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STEPHEN P. HOLMES	
1.3 STREET ADDRESS	43 GREENVIEW DR	
1.4 CITY - ST - ZIP	P 8 QUANOCK, NJ 07440	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HENRY J. SILVERMAN	
3.3 STREET ADDRESS	712 5TH AVE - 41ST Floor	
3.4 CITY - ST - ZIP	NEW YORK, NY 10019	
4.1 TITLE	R PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	John D. SNODGRASS	
5.3 STREET ADDRESS	67 Prospect Hill Rd	
5.4 CITY - ST - ZIP	Summit NJ 07994	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Stephen L. Greenberger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEVEN L. GREENBERGER

v.p. 4/14/97

Date

Daytime Phone #

0006787

CR2E034 (9/96)