

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

FILED
Jul 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 6 SYLVAN WAY		26 6 SYLVAN WAY		07/25/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		11-2850571	
City & State		City & State		Applied For	
23 PARSIPPANY, NJ		28 PARSIPPANY, NJ		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 07054	25 USA	29 07054	30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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	85 Zip Code
	FL

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, STEPHEN P	1.2 NAME	
STREET ADDRESS	43 GREENVIEW DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEQUANOCK NJ	1.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCIAFANI, 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, HENRY J	3.2 NAME	
STREET ADDRESS	712 5TH AVE - 41ST FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMICHAEL, 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 <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNODGRASS, JOHN D	5.2 NAME	
STREET ADDRESS	67 PROSPECT HILL ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMIT NJ	5.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERGER, STEVEN L	6.2 NAME	
STREET ADDRESS	102 HIGH POND DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TERICHO NY	6.4 CITY-ST-ZIP	
		SR EXEC V.P./D	
		JAMES E. BUCKMAN	
		6 SYLVAN WAY	
		PARSIPPANY, NJ 07054	
		VP/S	
		JEANNE M. MURPHY	
		6 SYLVAN WAY	
		PARSIPPANY, NJ 07054	

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:  **SCOTT E. FORBES, EXECUTIVE V.P.** 1/22/98

CR2E034 (10/97)