

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90100 005 \*\*\*150.00

DOCUMENT # P93000033954

1. Corporation Name  
THE WIZ, INC.



Principal Place of Business

Mailing Address

~~8421 LITTLETON RD~~  
~~N FT MYERS FL 33901~~  
US

~~8421 LITTLETON RD~~  
~~N FT MYERS FL 33901~~  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1993

2. Principal Place of Business

2a. Mailing Address

21 1008 N.E. 7th TERRACE 26 1008 N.E. 7th TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 B

27 B

23 City & State  
CAPE CORAL, FL

28 City & State  
CAPE CORAL, FL

24 Zip Country  
33909 LEE

29 Zip Country  
33909 LEE

4. FEI Number

65-0411038

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DENBESTEN, LARRY  
% THE WIZ, INC.  
1103 12TH AVE SE  
CAPE CORAL FL 33990

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1008 N.E. 7th TERRACE

83

84 City

CAPE CORAL

FL

85 Zip Code

33909

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 D ☐ DELETE  
NAME DENBESTEN, LARRY  
STREET ADDRESS ~~8421 LITTLETON RD~~  
CITY-ST-ZIP ~~N FT MYERS FL~~

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 1008 B.N.E. 7th TERRACE  
1.4 CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE D ☐ DELETE  
NAME DENBESTEN, CORINNE  
STREET ADDRESS ~~8421 LITTLETON RD~~  
CITY-ST-ZIP ~~N FT MYERS FL~~

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 1008 B N.E. 7th terrace  
2.4 CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1299

Date

Daytime Phone #

CR2E034 (11/98)