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May 15, 1999 8:00 am
Secretary of State
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CORPORATION ANNUAL REPORT 1999

Sandra B. Mortham
Secretary of State

DOCUMENT # P94000023606

1. Corporation Name
WIZ TECH ENTERPRISES INC.

Principal Place of Business	Mailing Address
236 NEPTUNE AVE LAUDERDALE BY THE SEA FL, 33308 U.S.	236 NEPTUNE AVE LAUDERDALE BY THE SEA FL, 33308 US.

3. Date Incorporated or Qualified: 03/23/94
3a. Date of Last Report: 04/30/98

2. Principal Place of Business
21 236 NEPTUNE AVE
22
23 City & State
24 Zip

2a. Mailing Address
26 236 NEPTUNE AVE
27
28 City & State
29 Zip 30

4. FEI Number: 65-0521676

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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MIKE R MASCHKE
236 NEPTUNE AVE
LAUDERDALE BY THE SEA
FLORIDA
33308

10. Name and Address of New Registered Agent
31 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 ...

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	PRES. ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MIKE MASCHKE	1.2 NAME	
STREET ADDRESS	236 NEPTUNE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL, 33308	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Mike Maschke 4/28/99 954-489-0878