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**FILED**  
**Jul 07, 1999 8:00 am**  
**Secretary of State**

07-07-1999 90009 042 \*\*\*150.00

PROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1999



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

DOCUMENT # P94000070909 ✓

1. Corporation Name

THE MORTGAGE WIZARD, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 1175 NE 125TH STREET  
 SUITE 609  
 NORTH MIAMI FL 33161

Mailing Address  
 1175 NE 125TH STREET  
 SUITE 609  
 NORTH MIAMI FL 33161

2. Principal Place of Business

21 810 S. State Road 7

Suite, Apt. #, etc.

City &amp; State

23 Plantation, FL

Zip

24 33317

Country

25 USA

2a. Mailing Address

26 810 S. State Road 7

Suite, Apt. #, etc.

City &amp; State

28 Plantation, FL

Zip

29 33317

Country

30 USA

3. Date Incorporated or Qualified

09/23/1994

4. FEI Number

65-0523102

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year  
Intangible Personal Property.☒Yes ☐ No

9. Name and Address of Current Registered Agent

COHEN, LYNDIA  
 3402 ISLAND RD  
 COOPER CITY FL 33028

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
 NAME COHEN, LYNDIA  
 STREET ADDRESS 3402 ISLAND RD  
 CITY-ST-ZIP COOPER CITY FL 33028

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

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

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

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/1/99

(954)  
704-9884

CR2E034 (5/99)

P94000070909  
601852-90014-25

**THE MORTGAGE WIZARD INC.**  
**810 S. STATE ROAD 7**  
**PLANTATION, FL 33317**

July 20, 1999

Division of Corporations  
Attn: Sean Toner  
PO Box 6327  
Tallahassee, FL 32314

Ref #: P94000070909

Dear Sean:

I was given your name this morning as I received another letter in the mail requesting the \$400.00 late fee. I had called last week and was told to send a letter of explanation along with the application and that the late fee would be adjusted. Kindly assist me in this matter.

I gave birth to my daughter on April 26, 1999. Due to my pregnant condition, I had my all of my business mail forwarded to my home beginning in late January. I did not receive the first mailing and hence, did not pay on time. Please deduct the \$400.00 and credit my account accordingly.

If I can offer you any further information, please feel free to call me at (954) 704-9884.  
Thank you.

Sincerely,



Lynda Cohen  
President