FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR -7 AM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000081205 (4)**

1. Corporate Name

DATA WIZARDS, INC.

Principal Place of Business
3338 ATLANTIC BLVD.
JACKSONVILLE FL 32207

Mailing Address
3338 ATLANTIC BLVD.
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/04/1994**

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite Apt. # etc. — 22

Suite Apt. # etc. — 27

City & State — 23

City & State — 28

Zip — 24 — Country — 25

Zip — 29 — Country — 30

4. FEI Number: 59-3277716 — 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. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 607.0505 and 607.0508, 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARUSO, SUSAN W
STREET ADDRESS	3338 ATLANTIC BLVD.
CITY, ST, ZIP	JACKSONVILLE FL 32207
TITLE	
NAME	CARUSO, JOHN D.
STREET ADDRESS	3338 ATLANTIC BLVD
CITY, ST, ZIP	JACKSONVILLE FL 32207

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	VP	☐ Change ☒ Addition
NAME	CARUSO JOHN D	
STREET ADDRESS	3338 ATLANTIC BLVD	
CITY, ST, ZIP	JACKSONVILLE FL 32207	

14. I hereby certify that the information supplied with this report is accurate, complete and current as of the mailing date of this report. I further certify that the information indicated on the annual report or supplemental annual report is true and correct 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 registered agent of the corporation upon whom the report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with exception of officers and directors.

SIGNATURE: SUSAN W. CARUSO / JOHN D. CARUSO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-95 — DATE

904 396 7643 — DAYTIME PHONE #