SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP -9 PM 3:22

DOCUMENT # P95000015839 (0)

1. Corporation Name
WALL WIZARD INC.

400001951414
-09/19/96--01027--015
****225.00 ****225.00

Principal Place of Business	Mailing Address
1900 MAIN ST. SUITE 210 SARASOTA FL 34236	1900 MAIN ST. SUITE 210 SARASOTA FL 34236

3. Date Incorporated or Qualified: 02/24/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4023 Sawyer Ave	26 4023 Sawyer Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23 Sarasota	City & State 28 Sarasota, Fl
Zip 24 34241 Country 25 Sarasota	Zip 29 34241 Country 30 Sarasota

4. FEI Number: 65-0629435 ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

W.R. KLEIN, P.A.
1900 MAIN ST.
SUITE 210
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: C. Dennis McCoy
82 Street Address (P.O. Box Number is Not Acceptable): 4023 Sawyer Avenue #127
83
84 City: Sarasota FL 85 Zip Code: 34231

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: C. Dennis McCoy (Signature, typed or printed name and title of officer signing) (NOTE: Registered Agent signature required when restating) DATE: Sept 6/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCOY, C. DENNIS %1900 MAIN ST. SARASOTA FL 34236	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President/Director C. Dennis McCoy 4023 Sawyer Avenue #127 Sarasota, Fl 34231	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMS, GREG A %1900 MAIN ST. SARASOTA FL 34236	☑ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUBONO, TONY %1900 MAIN ST. SARASOTA FL 34236	☑ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

96/KWM

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X C. Dennis McCoy 8/6/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #