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

DOCUMENT # P95000028999

GWIZ OF SOUTH FLORIDA INC.

Principal Place of Business Mailing Address						
10322 RAMBLE	WOOD DR.	10322 RAMBLEWOOD DR.				
CORAL SPRING		CORAL SPRINGS FL 33071			DO NOT INDITE IN THIS SPACE	
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 04/07/1995	
2 Principal P	lace of Business	2a. Mailing Address			4, FEI Number Applied For	
	26				65-0573589 Not Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.			_ \$8.75 Additional	
22	<i>π</i> , στο.	27			5. Certificate of Status Desired Fee Required	
City & Stat	te	City & State		_	6. Election Campaign Financing \$5.00 May Be	
23	<u> </u>	28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		This corporation owes the current year Intangible	
24	25	29 30			Personal Property Tax. Yes No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Agent	
			81	Name		
WEINFELD, DAVID L 10322 RAMBLEWOOD DR.				82 Street Address (P.O. Box Number is Not Acceptable)		
COF	RAL SPRINGS FL 33071		83			
	• •		84	City	85 Zip Code	
			O-4	City	FL 100 210 00000	
SIGNATURE	•	gations of, Section 607.0505, Florida S gent and title if applicable. (NOTE: Régist			oquired when reinstating) DATE	
12.			3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE 1	1 TITLE		VICE PRESIDOT Change Addition JEHNNAY C. WEINFELD 10322 RAMBURDED DR COMM SIMMUS FL 32071	
NAME	WEINFELD, DAVID L	1	2 NAME		JEHNHOU C. WEINFELD	
STREET ADDRESS	*****	1	3 STREE1	ADDRESS	10322 RAMRUSION DR	
	CORAL SPRINGS FL 33071		4 CITY-S		CONAL SPANIS FL 33071	
CITY-ST-ZIP	CORAL SPRINGS PL 3307 I		1 TITLE	1.77	Change Addition	
			2 NAME		_ · _	
NAME		i i		ADORESS		
STREET ADDRESS	i]. , '					
CITY-ST-ZIP	<u> </u>		4 CITY-S	T-ZIP	☐ Change ☐ Addition	
TITLE	-					
NAME		1	2 NAME			
STREET ADDRESS	; [ADDRESS		
CITY-ST-ZIP			.4. CITY-S	T-ZIP	☐ Change ☐ Addition	
TITLE			.1 TITLE		☐ Cuange ☐ Addition	
NAME			. 2 NAME			
STREET ADDRESS	· ·			ADDRESS		
CITY-ST-ZIP			4 CITY-S	T-ZIP		
TITLE	1		.1 TITLE		☐ Change ☐ Addition	
NAME		15	2 NAME			
STREET ADDRESS			3 STREET			
	;	.	.a a mulici	AUUNESS		
CITY-ST-ZIP		L	.4 CITY-\$			

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 chapted, or on an abachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

FILED

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90123 021 ***150.00