## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000094007 (8)

WIZARD ON WALL STREET, INC.

**FILED** Feb 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					# CORECTOR THE COLOR BILLS COLOR DESIGNATION OF SECTION	10110 01001 00111 00111 1001
757 SE 17TH ST., STE. #272 757 SE 17TH ST., STE. FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 333					DO NOT WRITE IN TH	IS SPACE
					<ol> <li>Date Incorporated or Qualified</li> <li>12/12/1995</li> </ol>	
2. Principal Place of Business 2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·		4. FEI Number	Applied For
21 26					65-0632059	Not Applicable
Suite, Apt. #, etc		Suite, Apt #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent				LName	10. Name and Address of New Registers	d Agent
KRAUSZ, ROBERT L			81	Name		
757 SE 17TH ST., STE. #272 FT. LAUDERDALE FL 33316			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
· · ·	LAUDENDALE FL 33310		83	<del> </del>		
			<u> </u>	ļ		
			84	City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorize agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida St				v the corpo	orporation submits this statement for the purpose tration's board of directors. I hereby accept the a	of changing its registered ppointment as registered
i i	от тапшаг жил, алстассерт исст	жирания от, весной бого, г.	onua Statule	·S.		
Signature: Signature, typed or pented name of registered agent and title if applicable (NOTE)				eni signalure re	equired when reinstating) DATE	<del></del>
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DPS	[ ] DELETE	1.1 TITLE	İ		Change Addition
NAME	DES AP ASSA AT AND MANA		1.2 NAME			
FT (AUDEDDALE E) AAAAA				T ADDRESS		
CITY-ST-ZIP TITLE			1.4 CITY- : 2.1 TITLE	ST- ZIP		Change Addition
NAME	<del></del>		2.2 NAME			C Change C Addition
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP	1		2 4 CHY-	1		
TITLE	DELETE		3.1 TITLE			Change Addition
NAME			32 NAME			
STREET ADDRESS			3 3 STREET	ADDRESS		}
CITY-ST-ZIP			3 4. CITY -	ST-ZIP		
TITLE			41 TIELE			Change Addition
NAME			4 2 NAME			
STREET ADDRESS			4 3 STREET	r address		
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		
TITLE			5 1 TITLE	-		☐ Change ☐ Addition
NAME OTOTET LODGESS			5 2 NAME			
STREET ADDRESS			5 3 STREET			
CHTY-ST-ZIP THTLE			5 4 CITY - S 6 1 TITLE	SI-ZIP		Change Addition
NAME		C Stell	6.2 NAME			C Autilibe C Montholl
STREET ADDRESS			6.3 STREET	ADDRESS		
CHY-ST-ZIP			6.4 CITY-5			
1	<del></del>		9.7 911 ( - 3			

14. I hereby cortify 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 13 if changed, or on an attachment with an address.

SIGNATURE:

954)5662636