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 # P9700008199 (6)

MACWIZARDS & CO.

Principal Place of Business

Mailing Address

3080 CURRY FORD ROAD ORLANDO FL 32806 3080 CURRY FORD ROAD ORLANDO FL 32806

FILED Apr 27 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 01/22/1997 2. Principal Place of Business 21 1155 5. Or-lando Ave 2a. Mailing Address Applied For 1155 S. Orlando Ave 9-3439996 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional Fee Required City & State Winter Park, FC City & State Winter Park, FL 6. Election Campaign Financing \$5.00 May Be 28 П Trust Fund Contribution Added to Fees 32789 Country This corporation owes or has paid the current year Intangible Orange 32789 Yes Yes Orange 29 Personal Property Tax due June 30. ☐ No 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name JOHNSON, WADE F JR 118 E JEFFERSON STREET Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 83 **64** City 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 registimed agent and life if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition DELETE TITLE 1.1 TRUE BARDGETT, JAMES A NAME 1.2 NAME 3080 CURRY FORD ROAD STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32806 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ___ Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change ■ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP TITLE DELFTE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 Title NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 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

10ms A BARDESTE 11/20/00 (402) 129-65