

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

FILED  
Mar 14, 1999 8:00 am  
Secretary of State

03-14-1999 90018 044 \*\*\*150.00

DOCUMENT # P98000090741

1. Corporation Name

C D WIZARD CORP.

Principal Place of Business

2120 W HWY 520  
COCOA FL 32926

Mailing Address

481 RED SAIL WAY  
SATELLITE BEACH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1998

4. FEI Number

59-353-7880

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 owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

PETERSON, DONALD A  
481 RED SAIL WAY  
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name JORY L. LONG  
82 Street Address (P.O. Box Number is Not Acceptable)  
469 SHERIDAN AVE  
83 SATELLITE BEACH  
84 City FL 85 Zip Code 32937

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

JORY LONG

JORY LONG

3/9/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PRESIDENT + DIRECTOR	JORY L. LONG	469 SHERIDAN AVE	SATELLITE BEACH FL 32937	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICE-PRES & DIRECTOR	MARY ELLEN T. LONG	469 SHERIDAN AVE.	SATELLITE BEACH FL 32937	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER	KENNETH J. PETERSON	149 GRACE AVE.	COCOA, FL 32924	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	DAVE CORL	1194 BAY DR. EAST	INDIAN HARBOUR BEACH FL 32937	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99

Date

407-779-1100

Daytime Phone #

CR2E034 (1/198)