

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 19 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000006149 (8)
 1. Corporation Name
MAGIC ACTION TEAM COMMUNITY FUND, INC.



Principal Place of Business 600 WEST AMELIA STREET ORLANDO FL 32802-0076	Mailing Address POST OFFICE BOX 76 ORLANDO FL 32802-0076
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3. Date Incorporated or Qualified 12/16/1994	
4. FEI Number 59-3287579	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**HEEKIN, JAMES F
215 NO. EOLA DRIVE
ORLANDO FL 32802-2809**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input type="checkbox"/> DELETE	1.1 TITLE MARTINS, ALEX	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTINS, ALEX		1.2 NAME	
STREET ADDRESS 600 WEST AMELIA STREET		1.3 STREET ADDRESS Two Magic Place, 8701 Maitland Summit Blvd	
CITY-ST-ZIP ORLANDO FL 32802-0076		1.4 CITY-ST-ZIP Orlando, FL 32810	
TITLE VCD	<input type="checkbox"/> DELETE	2.1 TITLE BEELE, CAROL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BEELE, CAROL		2.2 NAME	
STREET ADDRESS 600 WEST AMELIA STREET		2.3 STREET ADDRESS Two Magic Place, 8701 Maitland Summit Blvd.	
CITY-ST-ZIP ORLANDO FL 32802-0076		2.4 CITY-ST-ZIP Orlando, FL 32810	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE WETZLER, BARBARA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WETZLER, BARBARA		3.2 NAME	
STREET ADDRESS PO BOX 149425 N/A		3.3 STREET ADDRESS Wetzler, Barbara	
CITY-ST-ZIP ORLANDO FL 32814		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE BIZZELLE, ASHLEIGH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BIZZELLE, ASHLEIGH		4.2 NAME	
STREET ADDRESS 600 WEST AMELIA STREET		4.3 STREET ADDRESS Two Magic Place, 8701 Maitland Summit Blvd.	
CITY-ST-ZIP ORLANDO FL 32802-0076		4.4 CITY-ST-ZIP Orlando, FL 32810	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE: *Alex Martins* **3/12/98 407-916-2700**

CP22837 (10/97)