

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 3: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000031381 (5)**

1. Corporation Name
IMAGICA, INC.

Principal Place of Business Mailing Address
**500 SW 10TH ST #301
OCALA FL 34474
US** **PO BOX 4200
OCALA FL 34478
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/24/1993** 3a. Date of Last Report **03/28/1994**

2. Principal Place of Business 2a. Mailing Address
21 **26** **3001 NE 21st Street**

4. FEI Number **59-3180423** Applied For
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

City & State City & State
23 **28** **Ocala, Florida**

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be
Added to Fees**

Zip Country Zip Country
24 **25** **34470** **29** **30** **USA**

8. This corporation has liability for intangible tax under S. 198 (1)(2)
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRASHEAR, BRUCE
527 E. UNIVERSITY AVENUE
GAINESVILLE FL 32601**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** **B5** Zip Code

11. Pursuant to the provisions of Sections 607.0102 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 of registered agent or registered agent for the corporation)

(Signature of registered agent or registered agent for the corporation)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPDT
NAME WORMSER, ROBERT S
STREET ADDRESS 411 SW 38TH ST
CITY, ST, ZIP OCALA FL

1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

TITLE V
NAME PASTEUR, MARILYN
STREET ADDRESS PO BOX 4200 N/A
CITY, ST, ZIP OCALA FL

21. TITLE Change Addition
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31. TITLE Change Addition
32. NAME
33. STREET ADDRESS
34. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41. TITLE Change Addition
42. NAME
43. STREET ADDRESS
44. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51. TITLE Change Addition
52. NAME
53. STREET ADDRESS
54. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61. TITLE Change Addition
62. NAME
63. STREET ADDRESS
64. CITY, ST, ZIP

14. I hereby certify that the information provided with this filing is voluntarily furnished, and does not qualify for the exemption stated in Section 198 (1)(2), Florida Statutes. I further certify that the information indicated on this document is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the owner or holder empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable, in final agreement with an address.

SIGNATURE: *[Signature]*
Secretary of State

4/28/95 (904)840-0011