

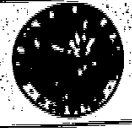
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000007655
1. Corporation Name
Magic Tap Int'l Inc.

Principal Place of Business Mailing Address
7178 NW 63 Way Pompano, Fla. 33067

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **January 21, 94** 3a. Date of Last Report **N/A**
4. FEI Number **65-0465194**
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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **7178 NW 63 Way** 26 **← same**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Pompano, Florida** 27 **← same**
City & State City & State
23 **33067** 28 **← same**
Zip Country Zip Country
24 **33067** 25 **Florida** 29 **33067** 30 **FL**

9. Name and Address of Current Registered Agent
C Craig Stella
110 SW 6th (suite 1710)
FT Laud, Fla. 33306

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 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 *Craig Stella* **C. Craig Stella** **5/24/1995**
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Sandra A. Stella
STREET ADDRESS	7178 NW 63 Way
CITY-ST-ZIP	Pompano, Fla. 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*****\$225.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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.

SIGNATURE: *Sandra A. Stella* **Sandra A. Stella** **5/24/95** **305/340-1789**
Signature typed or printed name of signing officer or director Date