


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90068 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 627335

1. Corporation Name
MAGIC HOURS CHILD ACHIEVEMENT CENTERS, INC.

Principal Place of Business 2421 E. JEFFERSON ST. ORLANDO FL 32803	Mailing Address 2421 E. JEFFERSON ST. ORLANDO FL 32803
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 100 N. MAPLE AVE. Suite, Apt. #, etc. 22	2a. Mailing Address 26 100 N. MAPLE AVE. Suite, Apt. #, etc. 27	4. FEI Number 59-1915898	Applied For Not Applicable
23 SANFORD, FL City & State	28 SANFORD FL City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 32771 25 U.S. Zip Country	29 32771 30 U.S. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

DRAGE, THOMAS B JR 116 S ORANGE AVE ORLANDO FL 32802 Address change	10. Name and Address of New Registered Agent 81 Name Drage Thomas B SR 82 Street Address (P.O. Box Number is Not Acceptable) 332 N Magnolia Av 83 84 City Orlando FL 85 Zip Code 32801
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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] (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DRAGE, JOANNE R	
STREET ADDRESS	1455 KELSO BLVD.	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DRAGE, JOHN	
STREET ADDRESS	1108 WEBSTER STREET	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DRAGE, THOMAS B	
STREET ADDRESS	1455 KELSO BLVD.	
CITY-ST-ZIP	WINDERMERE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 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] (NOTE: SIGNATURE REQUIRED) DATE: 4-9- DAYTIME PHONE #: (407) 302-7984

CR2E034 (11/98)