

NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:54

DOCUMENT # 707205 (1)

1. Corporation Name
FORT LAUDERDALE MAGIC SOCIETY, INC.

Principal Place of Business Mailing Address
C/O MURRAY WEINER 1402 NW 80TH AVE APT 504 MARGATE FL 33063
C/O MURRAY WEINER 1402 NW 80TH AVE APT 504 MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/28/1964 3a. Date of Last Report 02/17/1994
4. FBI Number 65-0010645 Applied For Not Applicable
5. Certificate of Status Declared \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 601(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
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 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
WEINER, MURRAY
1402 N.W. 80TH AVENUE
MARGATE FL 33063

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SAMUEL CHIPRUT
STREET ADDRESS	1200 SW 124TH TERRACE APT 107
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	VD
NAME	BALAUN, JOHN
STREET ADDRESS	2287 WOODLANDS WAY
CITY - ST - ZIP	DEERFIELD BCH. FL 33442
TITLE	SD
NAME	WEINER, MURRAY
STREET ADDRESS	1402 NW 80TH AVE
CITY - ST - ZIP	MARGATE FL
TITLE	TD
NAME	MEYER, AL
STREET ADDRESS	4750 N.W. 22ND CT.
CITY - ST - ZIP	LAUDERHILL FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN BALAUN	
1.3 STREET ADDRESS	2287 WOODLANDS WAY, DEERFIELD BCH, FL	33442
1.4 CITY - ST - ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HAROLD GREENBAUM	
2.3 STREET ADDRESS	7760 NW 50 St.,	
2.4 CITY - ST - ZIP	LAUDERHILL FL, 33351	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PHIL LABUSH	
5.3 STREET ADDRESS	9360 NW 39 St	
5.4 CITY - ST - ZIP	SUNRISE, FL. 33321	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 110.07(3)(k), 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: Murray Weiner MURRAY WEINER 1/26/95 (305) 973-0223
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #