

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified 04/28/1964	3a. Date of Last Report 02/03/1995
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

4. FEI Number 65-0010645	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WEINER, MURRAY 1402 N.W. 80TH AVENUE MARGATE FL 33063				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	PD BALAUN, JOHN <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD HEUSER, JAMES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2287 WOODLANDS WAY	1.2 NAME	3401 Robbins Rd.
STREET ADDRESS	DEERFIELD BCH FL	1.3 STREET ADDRESS	Pompano Bch, FL, 33062
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VD GREENHAUM, HAROLD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD P FROGNER, CHARLES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7760 NW 50 ST.,	2.2 NAME	3960 NW 34 Terrace
STREET ADDRESS	LAUDERHILL FL	2.3 STREET ADDRESS	FT. LAUDERDALE, FL, 33309
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	SD WEINER, MURRAY <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	1402 NW 80TH AVE	3.2 NAME	
STREET ADDRESS	MARGATE FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	TD MEYER, AL <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	4750 N.W. 22ND CT.	4.2 NAME	
STREET ADDRESS	LAUDERHILL FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	VD LABUSH, PHIL <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VD PERLMUTTER, JOSEPH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9360 NW 39 ST	5.2 NAME	2515 BLUE SAGE AVE.,
STREET ADDRESS	SUNRISE FL	5.3 STREET ADDRESS	COCONUT CREEK, FL. 33066
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(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 1/24/96 954-993-0223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)