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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 33063-2808

3. Date Incorporated or Qualified 04/28/1964 3a. Date of Last Report 01/29/1996
4. FEI Number 65-0010645 Applied For Not Applicable
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

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 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE P DELETE
NAME HEUSER, JAMES
STREET ADDRESS 3401 ROBBINS ROAD
CITY-ST-ZIP POMPANO BEACH FL
TITLE VD DELETE
NAME PFRIGNER, CHARLES
STREET ADDRESS 3980 NW 34 TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL
TITLE SD DELETE
NAME WEINER, MURRAY
STREET ADDRESS 1402 NW 80TH AVE
CITY-ST-ZIP MARGATE FL
TITLE TD DELETE
NAME MEYER, AL
STREET ADDRESS 4750 N.W. 22ND CT.
CITY-ST-ZIP LAUDERHILL FL
TITLE VD DELETE
NAME PERLMUTTER, JOSEPH
STREET ADDRESS 2515 BLUE SAGE AVENUE
CITY-ST-ZIP COCONUT CREEK FL
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P Change Addition
1.2 NAME JOSEPH PERLMUTTER
1.3 STREET ADDRESS 2515 BLUE SAGE AVE.,
1.4 CITY-ST-ZIP COCONUT CREEK, FL. 33066
2.1 TITLE VD Change Addition
2.2 NAME PHILIP LABUSH
2.3 STREET ADDRESS 9360 NW 39th St.,
2.4 CITY-ST-ZIP SUNRISE, FL. 33321
3.1 TITLE SD Change Addition
3.2 NAME MURRAY WEINER
3.3 STREET ADDRESS 1402 NW 80th Ave.,
3.4 CITY-ST-ZIP MARGATE, FL. 33063
4.1 TITLE TD Change Addition
4.2 NAME AL MEYER
4.3 STREET ADDRESS 4750 NW 22nd Ct.,
4.4 CITY-ST-ZIP LAUDERHILL, FL. 33313
5.1 TITLE VD Change Addition
5.2 NAME MANNY RISKIN
5.3 STREET ADDRESS 7560 NW 79th Ave.,
5.4 CITY-ST-ZIP TAMARAC, FL. 33321
6.1 TITLE Change 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 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 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* 1/6/97 954-973-0223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0025425

CR2E037 (9/96)