


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90039 030 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 707205**

1. Corporation Name  
**FORT LAUDERDALE MAGIC SOCIETY, INC.**

Principal Place of Business C/O MURRAY WEINER 1402 NW 80TH AVE APT 504 MARGATE FL 33063	Mailing Address C/O MURRAY WEINER 1402 NW 80TH AVE APT 504 MARGATE FL 33063
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/28/1964
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 65-0010645
23. City & State	28. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>WEINER, MURRAY</b> <b>1402 N.W. 80TH AVENUE</b> <b>MARGATE FL 33063</b>	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE <b>PERLMUTTER, JOSEPH</b>	1.1 TITLE <b>P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PERLMUTTER, JOSEPH</b>		1.2 NAME <b>RISKIN, MANNY</b>	
STREET ADDRESS <b>2515 BLUE SAGE AVENUE</b>		1.3 STREET ADDRESS <b>7560 NW 79 Ave.,</b>	
CITY-ST-ZIP <b>COCONUT CREEK FL 33063</b>		1.4 CITY-ST-ZIP <b>TAMARAC, FL. 33321</b>	
TITLE <b>DVP</b>	<input type="checkbox"/> DELETE	2.1 TITLE <del>DT</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HOROWITZ, MARK D</b>		2.2 NAME <b>PHIL LABUSH</b>	
STREET ADDRESS <b>1500 SE 3RD CT</b>		2.3 STREET ADDRESS <b>9360 NW 39 St.</b>	
CITY-ST-ZIP <b>DEERFIELD BEACH FL 33441</b>		2.4 CITY-ST-ZIP <b>SUNRISE, FL. 33321</b>	
TITLE <b>DS</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>DVP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WEINER, MURRAY</b>		3.2 NAME <b>LAWRENCE BERTUCELLI</b>	
STREET ADDRESS <b>1402 NW 80TH AVE</b>		3.3 STREET ADDRESS <b>3710 NW 88 Ave.,</b>	
CITY-ST-ZIP <b>MARGATE FL 33063</b>		3.4 CITY-ST-ZIP <b>SUNRISE, FL. 33351</b>	
TITLE <b>DT</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MEYER, AL</b>		4.2 NAME	
STREET ADDRESS <b>4750 NW 22ND CT</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAUDERHILL FL 33313</b>		4.4 CITY-ST-ZIP	
TITLE <b>DV</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RISKIN, MANNY</b>		5.2 NAME	
STREET ADDRESS <b>7560 NW 79TH AVE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMARAV FL 33321</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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: *Murray Weiner* **MURRAY WEINER** 1/4/99 954-973-0223  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)