

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:47

DOCUMENT # F08622 (5)

1. Corporate Name
MAGIC ACRES, INC.

Principal Place of Business: **26925 S.W. 197TH AVENUE
C/O LAWRENCE HOOD
HOMESTEAD FL 33031**

Mailing Address: **26925 S.W. 197TH AVENUE
C/O LAWRENCE HOOD
HOMESTEAD FL 33031**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **12/02/1980**
3a. Date of Last Report: **03/17/1994**

2. Principal Place of Business: **21** 2a. Mailing Address: **2b**

4. FEI Number: **59-2053673**
Applied For: Not Applicable

22. State Agent: **27** State Agent No.:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City, State: **28** City & State:

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
Trust Fund Contribution:

24. Country: **25** Country: **29** Zip: **30** Country:

8. This corporation has liability for intangible tax under S. 199.04, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent
**HOOD, LAWRENCE
26925 S.W. 197TH AVENUE
HOMESTEAD FL 33031**

10. Name and Address of New Registered Agent
81 Name:
82 Street Address, P.O. Box Number, Not Applicable:
83
84 City, State, Zip Code: **FL 85**

11. I, the undersigned, being a resident qualified to be the clerk of the circuit court in and for the State of Florida, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida and is authorized to transact business in and for the State of Florida.

Lawrence Hood

1/11/95

12. OFFICERS AND DIRECTORS:

PT
NAME: **HOOD, LAWRENCE**
ADDRESS: **26925 S.W. 197TH AVE.
HOMESTEAD FL**
VS
NAME: **HOOD JANICE**
ADDRESS: **26925 SW 197TH AVE
HOMESTEAD FL**

13. ADDITIONAL CHARGES TO BE PAID AND WHERE PAID TO:

NAME: _____
ADDRESS: _____
NAME: _____
ADDRESS: _____
NAME: _____
ADDRESS: _____
NAME: _____
ADDRESS: _____
NAME: _____
ADDRESS: _____
NAME: _____
ADDRESS: _____
NAME: _____
ADDRESS: _____
NAME: _____
ADDRESS: _____
NAME: _____
ADDRESS: _____
NAME: _____
ADDRESS: _____

14. I, the undersigned, being a resident qualified to be the clerk of the circuit court in and for the State of Florida, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida and is authorized to transact business in and for the State of Florida.

SIGNATURE: *Lawrence Hood*
ORIGINATOR AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

1/11/95