

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra J. Corliss  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F08622 (5)**

1. Corporation Name  
**MAGIC ACRES, INC.**



Principal Place of Business: **1345 SW CEDAR COVE C/O LAWRENCE HOOD PORT ST LUCIE FL 34986**  
Mailing Address: **1345 SW CEDAR COVE C/O LAWRENCE HOOD PORT ST LUCIE FL 34986**

3. Date Incorporated or Qualified: **12/02/1980**      3a. Date of Last Report: **01/17/1995**  
4. FEI Number: **59-2053673**      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: 21. Suite, Apt. #, etc.: 22. City & State: 23. Zip: 24. Country: 25. Mailing Address: 26. Suite, Apt. #, etc.: 27. City & State: 28. Zip: 29. Country: 30.

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**HOOD, LAWRENCE  
26925 S.W. 197TH AVENUE  
HOMESTEAD FL 33031**

**Lawrence Hood  
1345 S.W. Cedar Cove  
Port St. Lucie, FL 34986**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PT	HOOD, LAWRENCE	Lawrence Hood
NAME	26925 S.W. 197TH AVE.	1345 S.W. Cedar Cove	Port St. Lucie, FL 34986
STREET ADDRESS	HOMESTEAD FL	Port St. Lucie, FL 34986	
CITY-STATE-ZIP			
TITLE	VS	HOOD JANICE	Janice Hood
NAME	26925 SW 197TH AVE	1345 S.W. Cedar Cove	Port St. Lucie, FL 34986
STREET ADDRESS	HOMESTEAD FL		
CITY-STATE-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-ZIP	

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\*\*\*200.00

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)(f), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janice Hood  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 (407) 878-6424  
DATE OF FILING

CR2E034 (12/95)