

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/02/1980

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2053673 Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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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~~
1345 SW Cedar Cove
Port St. Lucie, FL 34986

81 Name HOOD, LAWRENCE	85 Zip Code 34986
82 Street Address (P.O. Box Number is Not Acceptable) 1345 SW Cedar Cove	
83	
84 City Port St. Lucie, FL	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT	<input type="checkbox"/> DELETE
NAME HOOD, LAWRENCE	
STREET ADDRESS 26925 S.W. 197TH AVE.	
CITY-ST-ZIP HOMESTEAD FL	
TITLE VS	<input type="checkbox"/> DELETE
NAME HOOD JANICE	
STREET ADDRESS 26925 SW 197TH AVE	
CITY-ST-ZIP HOMESTEAD FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME HOOD, LAWRENCE	
1.3 STREET ADDRESS 1345 SW Cedar Cove	
1.4 CITY-ST-ZIP Port St. Lucie, FL 34986	
2.1 TITLE VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME HOOD, JANICE	
2.3 STREET ADDRESS 1345 SW Cedar Cove	
2.4 CITY-ST-ZIP Port St. Lucie, FL 34986	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lawrence Hood* **LAWRENCE HOOD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/98 (561) 878-6281

Date

Daytime Phone #

0493205

CR2E034 (10/97)