

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.



DO NOT WRITE IN THIS SPACE

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	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2053673	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28	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	
Zip	Country	29	30
24	25	29	30

3. Date Incorporated or Qualified
12/02/1980

9. Name and Address of Current Registered Agent

HOOD, LAWRENCE
~~26925 S.W. 197TH AVENUE~~
~~HOMESTEAD FL 33031~~
 1345 SW Cedar Cove
 Port St. Lucie, FL 34986

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS

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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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** 1/7/98 (561) 878-6281
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0493205

CR2E034 (10/97)