

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G95704** (4)

1. Corporation Name

**MAGIC REALTY INC.**



Principal Place of Business

Mailing Address

% PAUL T. TURSCAK  
550 S.E. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE FL 34984

% PAUL T. TURSCAK  
550 S.E. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE FL 34984

3. Date Incorporated or Qualified  
**04/11/1984**

3a. Date of Last Report  
**07/14/1995**

2. Principal Place of Business

2a. Mailing Address

21 **450 SE PORT ST LUCIE BLVD**

26 **450 SE PORT ST LUCIE BLVD**

Suite, Apt #, etc.

Suite, Apt #, etc.

22 **Port St. Lucie FL**

27 **Port St. Lucie FL**

City & State

City & State

23 **Port St. Lucie FL**

28 **Port St. Lucie FL**

Zip

Zip

24 **34984**

29 **34984**

Country

Country

25 **USA**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TURSCAK, PAUL T.  
550 SE PT ST LUCIE BLVD  
PORT ST. LUCIE FL 34984**

81 Name **PAUL T. TURSCAK**

82 Street Address (P.O. Box Number is Not Acceptable)  
**450 S.E. PORT ST. LUCIE BLVD**

83

84 **Port St. Lucie**

FL 85 **34984**

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

*Paul T. Turcak*  
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating.)

DATE

**6-17-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
NAME **TURSCAK, PAUL T.**  
STREET ADDRESS **550 SE PT ST LUCIE BLVD**  
CITY-ST-ZIP **PORT ST. LUCIE FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME **Address change**  
1.3 STREET ADDRESS **450 S.E. PORT ST. LUCIE BLVD**  
1.4 CITY-ST-ZIP **PORT ST. LUCIE, FL 34984**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.3 STREET ADDRESS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k) 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.

SIGNATURE:

*Paul T. Turcak*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-17-96**

**879-0393**

CR2E034 (3/96)