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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J02928 1. Corporation Name

SIGNATURE

MAGICAL FOREST, INC.

## **FILED** Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90039 005 \*\*\*150.00



rincipal Place of Business	Mailing Address				
072 N. UNIVERSITY DR.	2072 N. UNIVERSITY DR.		•		
EMBROKE PINES FL 33024-3608	PEMBROKE PINES FL 33024-3608		DO NOT WRITE IN THIS SPACE		
	US		3. Date Incorporated or Qualifed		
•			03/10/1986		
	2. Mailing Address		4. FEI Number	Applied	For
Principal Place of Business	2a. Mailing Address		59-2764025	Not App	licable
	26 Suite, Apt. #, etc.			\$8.75 Additio	onal
Suite, Apt. #, etc.	<b>⊢</b>		5. Certifcate of Status Desired	Fee Require	
	27		6. Election Campaign Financing	- \$5.00 May	Be
City & State	City & State		Trust Fund Contribution	Added to Fee	
	28	Country	This corporation owes the current year Interest.	tangible	
Zip Country	Zip		Personal Property Tax.	·∐Yes □No	0
25	29 3	<u> </u>	10. Name and Address of New Registered	Agent	
9. Name and Address of C	Jurrent Registered Agent	81 Name			
CERULLO, ETHEL					
2431 BAHAMA DR.		82 Street Ac	ddress (P.O. Box Number is Not Acceptable)		
	•	02		10,000	1. 11.
MIRAMAR FL 33023		83		3.4. \$5.4	* 1
•		84 City	FL	85 Zip Code	- 11
1	·		orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	f changing its regis	tered
office or registered agent or both, in the	State of Florida. Such change was au	nonzed by the corpora	ation's board of directors. I hereby accept the appo	1/20	
agent. I am familiat with, and accept the	obligations of, Section 607.0505, Florid	da Otalules.	1/	1/99	
agent. I am taimilia saut, and accepture	arullo	Registered Agent signature req	uired when reinstating)	1/99	
ignature. Signature, typed of printed pame of resiste	ered agent and title if applicable. (NOTE: F			ND DIRECTORS I	N 12
IGNATURE  Signature, typed or printed pame of religible.  OFFICEI	arullo	Registered Agent signature req	uired when reinstating)	ND DIRECTORS I	N 12
Signature by and accepture of relate 2. OFFICE	ored agent and title if applicable. (NOTE: F	Registered Agent signature req	uired when reinstating)	ND DIRECTORS I	N 12
SIGNATURE  Signature, typed of printed frame of relater  2. OFFICEI  TLE P  CERULLO, ETHEL  2.404 PANAMA DR	ored agent and title if applicable. (NOTE: F	Registered Agent signature req 13. 1.1 ∏∏LE	uired when reinstating)	ND DIRECTORS I	N 12
SIGNATURE  Signature, typed of printed from of religion  2. OFFICE  TLE  P  CERULLO, ETHEL  2431 BAHAMA DR	ored agent and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME	uired when reinstating)	ND DIRECTORS I	N 12 Addition
SIGNATURE  Signature, typed of printed name of relative  2. OFFICE  TILE P  CERULLO, ETHEL  2431 BAHAMA DR  MITY-ST-ZIP MIRAMAR FL	ored agent and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating)	ND DIRECTORS I	N 12 Addition
SIGNATURE  Signature, typed of printed home of religion  2. OFFICE  THE  AME  CERULLO, ETHEL  2431 BAHAMA DR  MIRAMAR FL  TILE  ST  THE  ST  CANTEL FILEEN	ared agent and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	uired when reinstating)	ND DIRECTORS I	N 12 Addition
SIGNATURE  Signature, typed of printed home of religion  2. OFFICE  TLE AME CERULLO, ETHEL 2431 BAHAMA DR MIRAMAR FL  TILE ST AME SMITH, EILEEN	ared agent and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	uired when reinstating)	ND DIRECTORS I	N 12 Addition
SIGNATURE  SIGNATURE  SIGNATURE  CERULLO, ETHEL  2431 BAHAMA DR  MITY-ST-ZIP  MIE  MIRAMAR FL  ST  SMITH, EILEEN  2431 BAHAMA DR.  MIRAMAR FL  SMITH, EILEEN  2431 BAHAMA DR.  MIRAMAR FL  SMITH, EILEEN  2431 BAHAMA DR.  MIRAMAR FL	ared agent and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	uired when reinstating)	ND DIRECTORS I Change	N 12 ] Addition
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SIGNATURE  Signature, typed of printed frame of religion  2. OFFICE  TLE AME CERULLO, ETHEL 2431 BAHAMA DR MIRAMAR FL  ST SMITH, EILEEN 2431 BAHAMA DR MIRAMAR FL  TREET ADDRESS AME TREET ADDRESS AME TREET ADDRESS AME STREET ADDRESS AME TREET ADDR	ored agent and title if applicable. (NOTE: F RS AND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	uired when reinstating)	ND DIRECTORS I Change Change Change	N 12  ] Addition  ] Addition
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