SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(6)

HVIAGIC	A ENTERTAINME	.W1, IIVG.								
Principal Plac	e of Business		Mailing Address				- I 1801(IN 8101 DIION IIION AIFFI DIBUT U	II 41841 81811		i 01011 (fil)
1518 SW 12TH AVE. OCALA FL 34474 US			P O BOX 2121 OCALA FL 34478-2121 US				DO NOT WRITE	E IN THIS S	SPACE	
							3. Date Incorporated or Qualified	3a. Da	ite of Last R	oport
. Orinainal F	Plone of Divologue		- Madition Addition				01/21/1987	04,	24/1996_	
⊢ ¬ '	Place of Business	}	a. Mailing Address				4. FEI Number		— — —	oplied For
Suite, Apt.	# etc	26	Suite, Apt. #, etc.				59-2762999			t Applicable
22	n, 0. 0.	27	n ' ' '				5. Certificate of Status Desired		\$8.75 A	
City & Stat	te		City & State				6. Election Campaign Financing		\$5.00	
23		28]				Trust Fund Contribution		Added t	
Zip	Coun	1ry	Ζip	Cou	intry		8. This corporation owes or has p	aid the cur		
24	25	29		30			Personal Property Tax due June			No
	9. Name and Add	ress of Current Reg	Istered Agent				10. Name and Address of New Re	gistered	Agent	
FO	LEY & LARDNER				81	Name	•			
MA	rtin A. Traber				82	Street Addre	ss (P.O. Box Number is Not Accepta	ole)		
100	NORTH TAMPA/SU	ITE 2700						•		·
TAN	MPA FL 33602				83					
				ŀ	84	City			85 Zip (Code
44 5			000 4500 5. 11 0.		LJ	-		<u> </u>		
office or i	to t he provisions of Se regi ste red agent, or bo	ctions 607.0502 and th, in the State of Flo	607.1508, Florida Statu rida. Such change was	ites, the at authorized	bove d bv	e-named corpo the corporatio	ration submits this statement for the in's board of directors. I hereby acce	ourpose of ot the app	changing its ointment as	s registered registered
agent. I a	ım familiar with, and ac	cept the obligations	of, Section 607.0505, F	lorida Stat	utes			prino app	Dirition Go	· ogiotei oo
SIGNATURE	<u> </u>									
12.	Signature, typed or printed nar	OFFICERS AND DIRE		It: Registered	J Age	n: signature required	ADDITIONS/CHANGES TO OFFI	DATE PERS AND	DIRECTOR	S IN 12
TITLE	P		DELETE	1.1 10	11.F	T	residant		Change	Addition
NAME	WORMSER, ROBI	ERT S	_	1.2 NA			Barry Boyd	-	ELE CHANGE	
STREET ADDRESS	1518 SW 12TH A			13 SI	REFT.		518 SN 12th Ave			
CITY-ST-ZIP	QCALA FL			1.4 CF			Cala FL 34474			
TITLE	VP .		☐ DELETE	21 TH					☐ Change	☐ Addition
NAME	WHITE, WILLIAM	J		22 NA	AME	1				İ
STREET ADDRESS	3922 S.E. 3RD S1			2 3 ST	RFET	ADDRESS				
CITY-ST-ZIP	OCALA FL			2.4 CI		ŀ				
TITLE				2 7 01	ITY-S	T-ZIP				
NAME			☐ DELFTE	3.1 Til		T-ZIP			Change	Addition
STREET ADDRESS			☐ DELFTE		LE	T-ZIP			☐ Change	Addition
			DELETE	3.1 T(T 3.2 NA	LE AME	ADDRESS			Change	Addition
CITY-ST-ZIP				3.1 T(1 3.2 NA 3.3 ST(3.4. C(ILE AME REET A	ADDRESS				
CITY-ST-ZIP TITLE			☐ DELETE	3.1 T(T 3.2 NA 3.3 ST(ILE AME REET A	ADDRESS			☐ Change	noifibtA
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	31 TiT 32 NA 33 STI 34 CI 41 TIT 4.2 N/ 4.3 STI 5.1 TIT 5.2 NA 5.3 STI 6.1 TIT 6.2 NA	ILE ME REET / ITY-S FLE REET / TY-SI FLE ME REET /	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS			☐ Change	Addition

14. 1 do 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.

FILED

Sep 18 1997 8:00am

Secretary of State