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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K45711** (4)

1. Corporation Name

MAGIC MOMENTS OF DEERFIELD, INC.

APPROVED
AND
FILED

95 APR 27 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10058 SPANISH ISLES BLVD., BAY F21
P.O. BOX 4174 BOCA RATON, FL 33498
DEERFIELD BEACH FL 33442

Mailing Address

10058 SPANISH ISLES BLVD., BAY F21
P.O. BOX 4174 BOCA RATON, FL 33498
DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE

10058 Spanish Isles Bay - F21 NEW. Suite 110

2. Principal Place of Business

21 Magic Moments Inc.
19635-49 So. St. Rd 7

22 Suite 110

23 Boca Raton, FL 33498

24 Zip Country

25 P. Bch.

26 33498

27 P. B.

28. Mailing Address

26 19635-49 So. St. Rd 7

27 Suite, Apt. #, etc.

27 Suite 110

28 City & State

28 BOCA RATON, FL

29 Zip Country

29 33498

30 P. B.

3. Date Incorporated or Qualified

11/11/1988

3a. Date of Last Report

04/21/1994

4. FEI Number

65-0082273

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOYCE, CAROL
10058 SPANISH ISLES BLVD., BAY F-21
BOCA RATON FL 33498

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

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 filed applicator

(NOTE: Registered Agent signature required after re-registration)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 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 110.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carol Joyce

4/24/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Printed Name)