

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90229 001 ***150.00

DOCUMENT # K45711

1. Corporation Name
MAGIC MOMENTS OF DEERFIELD, INC.



Principal Place of Business

MAGIC MOMENTS INC.
18922 RED CORAL WAY
BOCA RATON FL 33498
US

Mailing Address

MAGIC MOMENTS INC.
P.O. BOX 970692
BOCA RATON FL 33497
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/11/1988

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **2501 27th AVE.**

2a. Mailing Address

26 **2501 27th AVE.**

Suite, Apt. #, etc.

22 **SUITE A1**

Suite, Apt. #, etc.

27 **SUITE A1**

City & State

23 **VERO BEACH, FLA.**

City & State

28 **VERO BEACH, FLA.**

Zip

24 **32960**

Country

25 **USA**

Zip

29 **32960**

Country

30 **USA**

9. Name and Address of Current Registered Agent

JOYCE, CAROL
18922 RED CORAL WAY
BOCA RATON FL 33498

10. Name and Address of New Registered Agent

81 Name

NEW Address

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

117 JOYHAVEN DR.

83

84 City

SEBASTIAN

85

Zip Code

32958

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

Carol Joyce

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/99

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **JOYCE, CAROL**
STREET ADDRESS **18922 RED CORAL WAY**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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 **117 JOYHAVEN DR.**
1.4 CITY-ST-ZIP **SEBASTIAN, FLA. 32958**

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 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, with all other like empowered.

SIGNATURE:

Carol Joyce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99 **(561) 569-2374**

Date

Daytime Phone #

CR2E034 (11/98)