

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K69111 (8)

1. Corporation Name

TOUCH OF MAGIC SERVICES, INC.



Principal Place of Business

Mailing Address

% KATHLEEN A. WELSH
991 ARDEN ST
LONGWOOD FL 32750

% KATHLEEN A. WELSH
991 ARDEN ST
LONGWOOD FL 32750

3. Date Incorporated or Qualified
02/20/1989

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 991 Arden St

26 991 Arden St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Longwood

27 Longwood

City & State

City & State

23 FLA

28 FLA

24 Zip 32750

Country

Seminole

29 Zip 32750

Country

Seminole

9. Name and Address of Current Registered Agent

GOOGINS, DANIEL J.
2501 S. BUMBY AVE.
ORLANDO FL 32806

4. FEI Number

59-2931376

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME WELSH, KATHLEEN A.
STREET ADDRESS 991 ARDEN ST
CITY-ST-ZIP LONGWOOD FL

TITLE D
NAME BARGER, ROBIN
STREET ADDRESS 991 ARDEN ST
CITY-ST-ZIP LONGWOOD FL

TITLE D
NAME STEPHENS, RHONDA
STREET ADDRESS 2510 PEEL AVE
CITY-ST-ZIP ORLANDO FL

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
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
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-96 332-5376

CR2E034 (12/95)