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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

 Corporation 	MENT # K900 °	10	(5)							
MAGN	IIFICENT JOURNEY INC.					# (8.0 4.0)	 	 		
Principal Place	of Business	Mailing Add	riress							
***************************************	*******************	ORLAN	8612 BLACK MESA DR ORLANDO FL 32829							
ORLANDO F US	FL 32829	US				3. Date Incorp. 05/23/	rated or Qualified	3a. Date of	Last Re	•
2. Principal Pla	ice of Business	2a. Mailing 26	Address			4. fEl Number	932541	J	A	applied For Not Applicable
Suite, Apt #	, etc.	Suite, A	vpt. ⊭, etc.				Status Desired			Additional Required
Orty & State		Oity 8 5	State			6. Election Can Trust Fund C	npalgn Financing Contribution		•	May Be I to Fees
Ζηρ 24	Country 25	Zip 29		Gouritr 30	У	Florida Stati		□ No		199.032
	g. Name and Address of Curren	nt Registered A	gent	8	1 Name	10. Name and	Address of New R	egistered Ag	ent	
	IT, VICTORIA B.				2 Street A	ddress (P.O. Box Number is Not Acceptable)				
	BLACK MESA DR IDO FL 32819			8:	3					
UNLAN	IDO FL 32019			8	4 City				85 Zip	Code
44 8	o the provisions of Sections 607.0502	002.4502	61. 24. 64. 4		_L			 		
or registere familiar with	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such change	was authorize	ed by the cor	poration's	board of directors. Then	eby accept the appo	pirtment as rec	gistered	agent. I am
SIGNATURE _										
	Signature, typed or printed name of response trains t		1/4C+1		ent signature n	repolition as the notation of		(A'L		
12.	OFFICERS AN	DIRECTORS		13.			CHANGES TO OFFI	CERS AND D		
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12. TITLE NAME	OFFICERS AN VP DOLCI, DANIEL	DIRECTORS		13. 1 1 Tille 1.2 NAME			CHANGES TO OFFI	CERS AND D		
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4. To nereby certry that the information supplies with this filling is voluntarily furnished and does not quality for the exemption stated in Section 119.1/43(K), Florida Statutes. 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 Chaptel 607, Florida Statutes; and that my name appears in Block 12 or Block 31 changed, or on an attackment with an address.

SIGNATURE:

MONEY COMPANIED NAME OF SIGNING OFFICER OR DIRECTOR

407281-3504