FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:08

DOCUMENT # **K99528** **(7)**

1. Corporation Name
MAGIC AUTOMOTIVE GROUP, INC.

Principal Place of Business	Mailing Address
4165 U.S. HWY 17-92 SANFORD FL 32773	4165 U.S. HWY 17-92 SANFORD FL 32773

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/03/1989**
3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **59-2957440** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$6.75** 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

BOOMER, GEORGE B.
8379 RAMBLING RIVER DR.
SANFORD FL 32771

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 607.0502 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when mail-in change

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BOOMER, GEORGE B.	12 NAME	
STREET ADDRESS	8379 RAMBLING RIVER DR.	13 STREET ADDRESS	
CITY ST ZIP	SANFORD FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BOOMER JR., GEORGE B.	22 NAME	
STREET ADDRESS	254 PALM PARK CIRCLE #100	23 STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	BOOMER, TRACEY L.	32 NAME	
STREET ADDRESS	4351 ROCKY RIDGE PLACE	33 STREET ADDRESS	
CITY ST ZIP	SANFORD FL	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	BOOMER, TONYA L.	42 NAME	
STREET ADDRESS	8379 RAMBLING RIVER DR.	43 STREET ADDRESS	
CITY ST ZIP	SANFORD FL	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	SNOWDEN, WILLIAM C.	52 NAME	
STREET ADDRESS	341 RED WING WAY	53 STREET ADDRESS	
CITY ST ZIP	CASSELBERRY FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☑ Change ☐ Addition
NAME	BOOMER, TORREY L	62 NAME	
STREET ADDRESS	4351 ROCKY RIDGE PLACE	63 STREET ADDRESS	648 Garden Glen Loop
CITY ST ZIP	SANFORD FL	64 CITY ST ZIP	Lake Mary, FL 32746

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)(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.

SIGNATURE: Torrey L Boomer Secretary 3/13/95 407-323-6244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061022 CP