

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 17 AM 11:29

DOCUMENT # **L68081** (3)

1. Corporation Name

**MONTAGE MAGIE, INC.**

Principal Place of Business

% STEVEN M. CAROTHERS  
1612 W. CAMINO DEL RIO  
VERO BEACH FL 32963-2214

Mailing Address

1612 W. CAMINO DEL RIO  
VERO BEACH FL 32963-2214  
US

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                            |                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>04/24/1990</b>                                                                                                     | 3a. Date of Last Report<br><b>04/13/1994</b> |
| 4. FEI Number<br><b>65-0188724</b>                                                                                                                         | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                  | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                         | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                              |

2. Principal Place of Business

21. Suite, Apt. #, etc.

2a. Mailing Address

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAROTHERS, STEVEN M.  
1612 W. CAMINO DEL RIO  
VERO BEACH FL 32963

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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Principal Officer or Director)

(Signature of New Registered Agent, if applicable)

(Date)

| 12. OFFICERS AND DIRECTORS |                                                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95 |                                                                   |
|----------------------------|-------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------|
| 1. NAME                    | D CAROTHERS, STEVEN M.<br>1612 W. CAMINO DEL RIO<br>VERO BEACH FL | 1.1 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. STREET ADDRESS          |                                                                   | 1.2 NAME                                               |                                                                   |
| 3. CITY & STATE            |                                                                   | 1.3 STREET ADDRESS                                     |                                                                   |
| 4. ZIP                     |                                                                   | 1.4 CITY & STATE                                       |                                                                   |
| 5. NAME                    | D ROBERTS, GAIL J.<br>1612 W. CAMINO DEL RIO<br>VERO BEACH FL     | 2.1 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. STREET ADDRESS          |                                                                   | 2.2 NAME                                               |                                                                   |
| 7. CITY & STATE            |                                                                   | 2.3 STREET ADDRESS                                     |                                                                   |
| 8. ZIP                     |                                                                   | 2.4 CITY & STATE                                       |                                                                   |
| 9. NAME                    |                                                                   | 3.1 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. STREET ADDRESS         |                                                                   | 3.2 NAME                                               |                                                                   |
| 11. CITY & STATE           |                                                                   | 3.3 STREET ADDRESS                                     |                                                                   |
| 12. ZIP                    |                                                                   | 3.4 CITY & STATE                                       |                                                                   |
| 13. NAME                   |                                                                   | 4.1 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. STREET ADDRESS         |                                                                   | 4.2 NAME                                               |                                                                   |
| 15. CITY & STATE           |                                                                   | 4.3 STREET ADDRESS                                     |                                                                   |
| 16. ZIP                    |                                                                   | 4.4 CITY & STATE                                       |                                                                   |
| 17. NAME                   |                                                                   | 5.1 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. STREET ADDRESS         |                                                                   | 5.2 NAME                                               |                                                                   |
| 19. CITY & STATE           |                                                                   | 5.3 STREET ADDRESS                                     |                                                                   |
| 20. ZIP                    |                                                                   | 5.4 CITY & STATE                                       |                                                                   |
| 21. NAME                   |                                                                   | 6.1 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. STREET ADDRESS         |                                                                   | 6.2 NAME                                               |                                                                   |
| 23. CITY & STATE           |                                                                   | 6.3 STREET ADDRESS                                     |                                                                   |
| 24. ZIP                    |                                                                   | 6.4 CITY & STATE                                       |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information included in 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 this corporation or the receiver or trustee empowered to receive this report as required by Chapter 199, Florida Statutes, and that my name appears on Block 1, or Block 1, if changed, on an affidavit filed with this report.

SIGNATURE:

*Steven M. Carothers*, Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 10, 1995 407-234-5409  
DATE DATE OF FILING