

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98821 (6)
1. Corporation Name
MUFFIN MAGIC, INC.

Principal Place of Business
**9235 W ATLANTIC BLVD
#9235
CORAL SPRINGS FL 33071-6949**

Mailing Address
**9235 W ATLANTIC BLVD
#9235
CORAL SPRINGS FL 33071-6949**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/11/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0243736	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. Has corporation ever failed to pay the fee under § 100.092, Florida Statutes? ☐ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
County 24	County 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FEINBERG, JEFFREY
4651 SHERIDAN ST
SUITE 300
HOLLYWOOD FL 33021**

81. Name	
82. Street Address (P.O. Box Number is fine) (Applicable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0607 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 607.0605, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's authorized representative)

(Signature of Registered Agent or Registered Agent's authorized representative)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME D LITT, JEFFREY	1. NAME	☐ Change	☐ Addition
2. STREET ADDRESS 5011 NW 99 TERR	2. STREET ADDRESS		
3. CITY, STATE, ZIP CORAL SPRINGS FL	3. CITY, STATE, ZIP		
4. NAME D LITT, TOBY	4. NAME	☐ Change	☐ Addition
5. STREET ADDRESS 5011 NW 99 TERR	5. STREET ADDRESS		
6. CITY, STATE, ZIP CORAL SPRINGS FL	6. CITY, STATE, ZIP		
7. NAME	7. NAME	☐ Change	☐ Addition
8. STREET ADDRESS	8. STREET ADDRESS		
9. CITY, STATE, ZIP	9. CITY, STATE, ZIP		
10. NAME	10. NAME	☐ Change	☐ Addition
11. STREET ADDRESS	11. STREET ADDRESS		
12. CITY, STATE, ZIP	12. CITY, STATE, ZIP		
13. NAME	13. NAME	☐ Change	☐ Addition
14. STREET ADDRESS	14. STREET ADDRESS		
15. CITY, STATE, ZIP	15. CITY, STATE, ZIP		
16. NAME	16. NAME	☐ Change	☐ Addition
17. STREET ADDRESS	17. STREET ADDRESS		
18. CITY, STATE, ZIP	18. CITY, STATE, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.07(2)(b), Florida Statutes. I further certify that the information contained 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 this corporation or the registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13A if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey Litt

4/29/95 713-1239