FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 14 1997 8:00am

Secretary of State

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

Mailing Address

MAGIC DRUM AND BUGLE CORPS, INC.

2732 GRANTHAM COURT ORLANDO FL 32835 US		2732 GRANTHAM COURT ORLANDO FL 32835-6170 US						
					3. Date Incorporated or Qualified 10/19/1990	3a. Date of Last 03/14/1	996	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 59-2985544	Applied For		
Suite. Apt. #, etc.		Suite, Apt. #, etc.			39-2963344		Vot Applicable	
22		27			5. Certificate of Status Desired	s Desired S8.75 Additional Fee Required		
City & State		Crty & State			6. Election Campaign Financing		О мау Ве	
Zip Country		Zip Country			Trust Fund Contribution		d to Fees	
Zip	├ ─¬ `	Zip	├ ¬	nty	8. This corporation has liability for i	- * -	s. 199,032,	
24	25 29 30 9, Name and Address of Current Registered Agent				Florida Statutes Yes M No 10. Name and Address of New Registered Agent			
8, Halle and Assissa of Californ Hagister of Agent				81 Name	10. Harro Mila Hadrood Of Harring	Jiototou 7 igotii.		
THE PRENTICE-HALL CORPORATION SYSTEM INC.								
	LYS STREET	IEM INC.		82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 1				B3				
	ASSEE FL 32301		į.					
I PALLEN N	NOOLL I'L OLOD!			84 City		FL 85 Zir	o Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered								
office or registered agent, or both, in the Stale of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE								
	Signature, typed or printed name of registered agent			Agent signature req	uired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	D CTORDARD (INDA O DIGA	DELETE	1.1 111	\ \		☐ Сһалде	Addition [
NAME	STODDARD, LINDA G. DVM	1.2 N						
STREET ADDRESS	HWY C 351 A	_		REET ADDRESS			1	
CITY-ST-ZIP	CROSS CITY FL	DELETE		Y-ST-ZIP		☐ Change	Addition	
TITLE	D COOK CADIETON	DELETE 2.1 TI		Į.			. D Vanion L	
NAME								
STREET ADDRESS CITY-ST-ZIP	A A James A A A A A A A A A A A A A A A A A A A			REET ADDRESS TY-ST-ZIP				
TITLE	SD DELETE 311				Change	Addition		
NAME	CRAIG, WILL	, 						
STREET ADDRESS	ATTACA ATTACAMENT CALIFORNIA			REET ADDRESS			i	
CITY-ST-ZIP	ORLANDO FL		1	TY-ST-ZIP		•	1	
TITLE	P	DELETE	4.1 10			Change	Addition	
NAME	HILL, TIMOTHY		4. 2 N	AME				
STREET ADDRESS	1675 BUENA VISTA DRIVE		4.3 ST	REET ADDRESS			1	
CITY-ST-ZIP	LAKE BUENA VISTA FL		4.4 CI	Y-ST-ZIP				
TITLE	VO	☐ DELE1E	5.1 TIT	LĒ		☐ Change	Addition	
NAME	DASH, JAMES		5.2 NA	ME				
STREET ADDRESS	1637 E. ROBINSON ST.		5.3 ST	REET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32835		5.4 CI	Y-ST-ZIP				
TITLE	DT	☐ DELETE	6.1 Tit	LE		Change	Addition	
NAME	LYNCH, LARRY		6.2 NA	ME				
STREET ADDRESS	1675 BUENA VISTA DR.		6.3 \$1	REET ADDRESS			}	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830			Y - ST - ZIP				
14. I do hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.								