FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

N40453

(5)

MAGIC DRUM AND BUGLE CORPS, INC.				
Principal Plac	e of Business	Mailing Address		E SOBINIEL AN OIBIL BEITH DIODI ENIBE IN BIBLI ENGLI DIODI BLOIT BEITH EODL
2732 GRANTHA ORLANDO FL 3 US	···· • ··	2732 GRANTHAM COURT ORLANDO FL 32835 US		3. Date incorporated or Qualified 10/19/1990 4. FEI Number Applied For 59-2985544 Not Applicable
	Place of Business	28. Mailing Address		Certificate of Status Desired \$8.75 Additional
21 2322 Post Or		28 2332 Roat Dr.		Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
23 C \2	Country	28 0 10100 1	Country	Yes X No
24 328		Zip 29 3-2835 30 Registered Agent	7 i.e	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
27, 050	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 81 Name (C) 82 Street Address (P.C)				Address (P.O. Box Number is Not Acceptable) 323 Roat Or FL 85 Zip Code 3335
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 State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familierwith, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, bysed or printed name of registered agent and the if applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS				
TITLE	\$D	DELETE	1.1 TOLE	Change Addition
NAME	CRAIG, WILL	~	1.2 NAME	- • -
STREET ADDRESS	2732 GRANTHAM COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	0
TITLE	P	☐ DELETE		Change Addition
NAME	HILL, TIMOTHY		2.2 NAME	1625 Buend Vista Orive
STREET ADDRESS	1675 BUENA VISTA DRIVE			
CITY - ST - ZIP	LAKE BUENA VISTA FL	☐ DELETE	2.4 CITY-ST-ZIP	Late George Vista, F. 32830 Change Addition
TITLE	VD	☐ DELETE		O Ances, Odesh
NAME OVERT ADDRESS	DASH, JAMES			1637 E RODINSON ST
STREET ADDRESS	1637 E. ROBINSON ST. ORLANDO FL 32835			OLIMON F 35832
CITY-ST-ZIP TITLE	DT SEASON	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
NAME	LYNCH, LARRY	*		
STREET ADDRESS	1675 BUENA VISTA DR.		4.3 STREET ADDRESS	Stevens, Jen 4609 Rose & Jericho Ct.
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830		4.4 CITY-ST-ZIP	Orlando FI 32808
TITLE	Care Pociet HOIN I E OCOOO	☐ DELETE	5.1 TITLE 2	Change M Addition
NAME			5.2 NAME	BACCEAG DECCY
STREET ADDRESS			5.3 STREET ADDRESS	165 Holderness Or.
CITY-SY-ZIP			5.4 CITY-ST-ZIP	Longwood, PL 32779
TITLE		☐ DELETE	6.1 TITLE	SO □ Change 🗷 Addition]
NAME			6.2 NAME	Valentine, Terry 3322 Rost Dr.
STREET ADDRESS			6.3 STREET ADDRESS	3522 Kat Ur.

14. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

Jours Chelmbe

3-18-98 407-294-3635

FILED

Mar 26 1998 8:00am

Secretary of State

R2E037 (10/97)