

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthart  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000005855 (1)

1. Corporation Name

INTERNATIONAL BROTHERHOOD OF MAGICIANS RING NO.  
117-MIKE ELLIS RING, INC.

Principal Place of Business

Mailing Address

5900 BISCAYNE DR.  
LAKE WORTH FL 334635900 BISCAYNE DR.  
LAKE WORTH FL 33463-34063. Date Incorporated or Qualified  
11/29/19943a. Date of Last Report  
03/18/1996

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida StatutesYes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

LACROIX, ROLAND  
5900 BISCAYNE DRIVE  
LAKE WORTH FL 33463

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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LA CROIX, ROLAND C	
STREET ADDRESS	5900 BISCAYNE DRIVE	
CITY - ST - ZIP	LAKE WORTH FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARSON, KEITH	
1.3 STREET ADDRESS	3695-B SAVOY LANE	
1.4 CITY - ST - ZIP	WEST PALM BEACH, FL 33417	

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ADLER, RICHARD	
STREET ADDRESS	719 NATHAN ROAD	
CITY - ST - ZIP	WEST PALM BEACH FL	

2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ADAMS, BILL J.	
2.3 STREET ADDRESS	910 EAST COAST AVENUE	
2.4 CITY - ST - ZIP	LANTANA, FL 33462	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HENNESSY, SCOTT	
STREET ADDRESS	356 SELVA TERRACE	
CITY - ST - ZIP	WEST PALM BEACH FL	

3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROSENCRANS, NELSON, K.	
3.3 STREET ADDRESS	5742 LEON DRIVE	
3.4 CITY - ST - ZIP	WEST PALM BEACH, FL 33413	

TITLE	T	<input type="checkbox"/> DELETE
NAME	MERCER, FRED	
STREET ADDRESS	2420 SE PENNY LANE	
CITY - ST - ZIP	STUART FL	

4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	SAME	
4.4 CITY - ST - ZIP	zip - 34994	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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:

Keith Carson, Pres. 1/13/97 561-697-0016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 561-697-0016

CR2E037 (9/96)