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Feb 05 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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 33463

5900 BISCAYNE DR.  
LAKE WORTH FL 33463

3. Date Incorporated or Qualified

11/29/1994

4. FEI Number

65-0542882

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LACROIX, ROLAND  
5900 BISCAYNE DRIVE  
LAKE WORTH FL 33463

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 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  
NAME CARSON, KEITH  
STREET ADDRESS 3695-B SAVOY LANE  
CITY-ST-ZIP W PALM BCH FL ☒ DELETE

1.1 TITLE PD  
1.2 NAME ADAMS, BILL J  
1.3 STREET ADDRESS 910 E COAST AVE.  
1.4 CITY-ST-ZIP LANTANA FL ☐ Change ☒ Addition

TITLE VPD  
NAME ADAMS, BILL J  
STREET ADDRESS 910 E COAST AVE  
CITY-ST-ZIP LANTANA FL ☐ DELETE

2.1 TITLE VPD  
2.2 NAME LENNY LOMBARDO  
2.3 STREET ADDRESS 8 FELTON PL.  
2.4 CITY-ST-ZIP BOYNTON BCH FL 33462 ☐ Change ☒ Addition

TITLE SD  
NAME ROSENCRANS, NELSON K  
STREET ADDRESS 5742 LEON DR  
CITY-ST-ZIP WEST PALM BEACH FL ☒ DELETE

3.1 TITLE SD  
3.2 NAME SCHAEFER, A.G.  
3.3 STREET ADDRESS 2820 TENNIS CLUB DRIVE, APT 401  
3.4 CITY-ST-ZIP WEST PALM BEACH, FL 33417 ☐ Change ☒ Addition

TITLE  
NAME MERCER, FRED  
STREET ADDRESS 2420 SE PENNY LANE  
CITY-ST-ZIP STUART FL ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

A.G. SCHAEFER

1/19/98

(61) 471-3301

CR2E037 (10/97)