

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

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DOCUMENT # N94000005855

1. Corporation Name

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

Principal Place of Business

5900 BISCAYNE DR.
LAKE WORTH FL 33463

Mailing Address

5900 BISCAYNE DR.
LAKE WORTH FL 33463

157114.90126.1 4 *



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

11/29/1994

4. FEI Number

65-0542882

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

9. Name and Address of Current Registered Agent

LACROIX, ROLAND
5900 BISCAYNE DRIVE
LAKE WORTH FL 33463

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

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 of 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

TITLE VPD ☐ DELETE

NAME LOMBARDO, LENNY

STREET ADDRESS 8 ELTON PL

CITY-ST-ZIP BOYNTON BEACH FL 33462

TITLE PD ☐ DELETE

NAME ADAMS, BILL J

STREET ADDRESS 910 E COAST AVE

CITY-ST-ZIP LANTANA FL

TITLE SD ☐ DELETE

NAME SCHAEERER, AG

STREET ADDRESS 2820 TENNIS CLUB DR AP 401

CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE T ☐ DELETE

NAME MERCER, FRED

STREET ADDRESS 2420 SE PENNY LANE

CITY-ST-ZIP STUART FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD ☒ Change ☐ Addition

1.2 NAME ADAMS, BILL J

1.3 STREET ADDRESS 910 E COAST AVE

1.4 CITY-ST-ZIP LANTANA FL

2.1 TITLE PD ☒ Change ☐ Addition

2.2 NAME ROLAND C. LACROIX

2.3 STREET ADDRESS 5900 BISCAYNE DR

2.4 CITY-ST-ZIP LAKE WORTH FL 33463

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

SIGNATURE REQUIRED LACROIX 2/15/99 5619653397