

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005855

FILED
Apr 25, 2004
Secretary of State

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

Current Principal Place of Business:

5199 1ST RD
LAKE WORTH, FL 33467

New Principal Place of Business:

1291 BARNSTAPLE CIRCLE
WELLINGTON, FL 33414

Current Mailing Address:

5199 1ST RD
LAKE WORTH, FL 33467

New Mailing Address:

1291 BARNSTAPLE CIRCLE
WELLINGTON, FL 33414

FEI Number: 65-0542882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEIN, KARL
5199 1ST RD
LAKE WORTH, FL 33467

Name and Address of New Registered Agent:

BARWALD, ROBERT
1291 BARNSTAPLE CIRCLE
WELLINGTON, FL 33414

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KARL HEIN

04/25/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CROUSHORE, GARY
Address: 1813 16TH AVE N
City-St-Zip: LAKE WORTH, FL 33460

Title: VPD () Delete
Name: ARENSTEIN, WILLIAM
Address: 1219 WIDGEON RD
City-St-Zip: WELLINGTON, FL 33411

Title: SD () Delete
Name: ADLER, RICHARD
Address: 719 NATHAN HALE RD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: T () Delete
Name: HEIN, KARL
Address: 5199 1ST RD.
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: CYNTHIA, MORRISON
Address: P.O. BOX 2971
City-St-Zip: PALM BEACH, FL 33480

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BARWALD, ROBERT
Address: 1291 BARNSTAPLE CIRCLE
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT BARWALD

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04/25/2004

Electronic Signature of Signing Officer or Director

Date