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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N98000000702

1. Corporation Name

MAGICAL APPLICATION GROUP, INC.

Principal Place of Business

14627 ASTINA WAY  
ORLANDO FL 32837

Mailing Address

14627 ASTINA WAY  
ORLANDO FL 32837



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/06/1998

21 N/A

26 N/A

4. FEI Number

Applied For

Suite, Apt. #, etc.

Suite, Apt. #, etc.

X Not Applicable

22 N/A

27 N/A

City & State

City & State

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

23 N/A

28 N/A

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

□

\$5.00 May Be Added to Fees

24 NA

25 NA

29 NA

30 NA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERRY, RICHARD  
14627 ASTINA WAY  
ORLANDO FL 32837

81 Name

N/A

82 Street Address (P.O. Box Number is Not Acceptable)

N/A

83

84 City

N/A

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

N/A

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 BERRY, RICHARD  
STREET ADDRESS 14627 ASTINA WAY  
CITY-ST-ZIP ORLANDO FL 32837

□ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

□ Change □ Addition

TITLE VTD  
NAME BERRY, PHYLLIS  
STREET ADDRESS 14627 ASTINA WAY  
CITY-ST-ZIP ORLANDO FL 32837

□ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

□ Change □ Addition

TITLE VD  
NAME STUART, JANE  
STREET ADDRESS 238 FAIRWAY POINTE CIRCLE  
CITY-ST-ZIP ORLANDO FL 32828

□ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

□ Change □ Addition

TITLE VSD  
NAME STUART, ALICE M  
STREET ADDRESS 238 FAIRWAY POINTE CIRCLE  
CITY-ST-ZIP ORLANDO FL 32828

□ 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

1-11-99

(407) 240-1548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)