

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90046 009 \*\*\*150.00

DOCUMENT # P37714

1. Corporation Name

MFI Instavision, Inc. / Magic Fingers, Inc. ✓

Principal Place of Business

Mailing Address

1509 S.E. 2nd Ct.  
Ft. Lauderdale, Fl. 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/03/92

4. FEI Number

65-0494581 ✓

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Magic Fingers, Inc.

26 1509 S.E. 2nd Ct.

Suite, Apt. #, etc.

22 City & State

23 Ft. Lauderdale,

24 33301 25 Broward

27 City & State

28 Ft. Lauderdale

29 33301

30 Broward

9. Name and Address of Current Registered Agent

Gordon Scott Venters  
2100 S. Ocean Blvd.  
Apt #8CD  
Ft. Lauderdale, Fl 33301

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Gordon Scott Venters

4/26/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME Gordon Scott Venters  
STREET ADDRESS 2100 S. Ocean Blvd.  
CITY-ST-ZIP 8CD Ft. Lauderdale, Fl 33301

TITLE S  
NAME Gordon Scott Venters  
STREET ADDRESS 2100 S. Ocean Blvd. #8CD  
CITY-ST-ZIP Ft. Lauderdale, Fl 33301

TITLE T  
NAME John Mackenzie Venters  
STREET ADDRESS 2100 S. Ocean Blvd. #8CD  
CITY-ST-ZIP Ft. Lauderdale, Fl 33301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE  
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 607, 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:

Gordon Scott Venters, President

4/26/99

954 764-0579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)