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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 8:44

DOCUMENT # P93000006039 (0)

1. Corporation Name

MAGIC PRODUCTS, INC.

Principal Place of Business
6851 VAMO ROAD
SARASOTA FL 34231

Mailing Address
6851 VAMO ROAD
SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1993
3a. Date of Last Report: 07/20/1994

2. Principal Place of Business
21 3279 BROCKTON LN.
Suite, Apt. #, etc. 22
City & State 23 SARASOTA FL.
Zip 24 County 25 SARASOTA

2a. Mailing Address
26 Box 850
Suite, Apt. #, etc. 27
City & State 28 OSPREY FL
Zip 29 34229 County 30 SARASOTA

4. FEI Number: 65-0386525 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ICARD, MERRILL, CULLIS, FUREN & GINSBERG,
2033 MAIN STREET
SUITE 600
SARASOTA FL

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
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	PTD
NAME	COONRADT, ROBERT A
STREET ADDRESS	6851 VAMO ROAD
CITY ST ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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	PTD ☒ Change ☐ Addition
1.2 NAME	ROBERT A COONRADT
1.3 STREET ADDRESS	BOX 850
1.4 CITY ST ZIP	OSPREY FL 34229
2.1 TITLE	RICHARD SWAN ☐ Change ☒ Addition
2.2 NAME	
2.3 STREET ADDRESS	13251 OAKWOOD CT.
2.4 CITY ST ZIP	PUNTA GORDA FL 33982
3.1 TITLE	S ☐ Change ☒ Addition
3.2 NAME	KEVIN P. COONRADT
3.3 STREET ADDRESS	2281 RT 9
3.4 CITY ST ZIP	MECHANICVILLE N.Y. 12118
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registrar 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.

SIGNATURE: [signature] ROBERT A COONRADT 6/8/95 922 7691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0330081 CP