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Jul 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000006039 (0)

1. Corporation Name
MAGIC PRODUCTS, INC.



Principal Place of Business 1300 NORTH RIVER ROAD VENICE FL 34293 US	Mailing Address BOX 850 OSPREY FL 34229-0850 US
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3. Date Incorporated or Qualified 01/19/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0386525	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 607 Roma Road Suite, Apt. #, etc	2a. Mailing Address 26 607 Roma Road Suite, Apt. #, etc.
22 City & State 23 Venice, Fl.	27 City & State 28 Venice, Fl.
24 Zip 34292	25 Country U.S.
29 Zip 34292	30 Country U.S.

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
CASWELL & HARRIS, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)
1215 N. Palm Ave.

83

84 City
Sarasota, FL

85 Zip Code
34236

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 *Chris Caswell, Pres* **CHRIS CASWELL, President** **7/18/97**

Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD COONRADT, ROBERT A BOX 850 N/A OSPREY FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SWAN, RICHARD 132251 OAKWOOD CT PUNTA GORDA FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COONRADT, KEVIN P 2281 RT 9 MECHANVILLE NY	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 607 Roma Road Venice, Fl. 34292
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8 Frederick Street Amsterdam, N.Y. 12010
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: *Robert A. Coonradt* **Robert A. Coonradt Pres.**
July 18, 1997 (941)488-3943

CFR2034 (9/96)