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PROFIT CORPORATION **ANNUAL REPORT**

1997



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED

May 14 1997 8:00am

Secretary of State

DOCUMENT # P93000023941 (6)

I am an officer or director of the corporation or the rece

appears in Block 12 or Block 13 i

ISLAND MAGIC, INC.

Principal Place of Business Mailing Address 1011 W. LANCASTER ROAD ORLANDO FL 32809 3a. Date of Last Report 3. Date Incorporated or Qualified 03/29/1993 05/01/1996 4. FEI Number 2. Principal Place of Business Applied For 59-3174160 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name A.G.C. CO. 200 S. ORANGE AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 2300** 83 ORLANDO FL 32801 64 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 (NOT). Registered Agent signature required when reinstating? Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 96/6) 12. 13. DELETE Change Addition PTD 1.1 TITLE TITLE BAL, WESLEY T BAL 1.2 NAME NAME LANCASTER RA 1011 W. LANCASTER ROAD 1.3 STREET ADDRESS STREET ADDRESS orlando fl DITY-ST-7IP 1.4 City - ST - ZiP ☐ Change Addition **DELETE** VSD 2.1 THLE TITLE DAVID, GARY NAME 1011 W. LANCASTER ROD 2.3 STREET ADDRESS STREET ADDRESS **ORLANDO FL** CITY-ST-ZIP 2 4 CITY-ST-7IP Change Addition DEFETE 3 1 1ITUE TITLE Δ. BAL NAME 3.2 NAME AGN1 W. LANGASTER **3.3 STREET ADDRESS** STREET ADDRESS 3.4. CITY - ST - 7(P) FL 32809 CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIF CITY-ST-ZIP Change Addition DEL ETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City - ST - ZiP CITY-ST-ZIP Addition Change DELFTE 6.1 THLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS City-St-ZiP 6.4 CITY-S1-7/P 14. Ido 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

mulal report is true and accurate and that my signature shall have the same legal effect as if made under eath; that If trustee empoyeded to execute this report as required by Chapter 607, Florida Statutes; and that my name