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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P93000041454 (8)

MAGIC MARKETING CONCEPTS, INC.

## **FILED** Mar 17 1998 8:00am Secretary of State



Months of R. 18817   Months of Received Process   10   Months of Received Process   10   Months of Received   10   Months of Received Process   10   Months of Received Proces	Principal Plac	e of Business	Mailing Address				80H1 61881 HBH 81681 \$	HAN OLD LOST,
DO NOT WRITE IN THIS SPACE								1
2. Principal Place of Business 2. A. Melling Address 2. Sure, Apt. #, etc. 2. Sure, Apt. #, etc. 3. Sure, Apt. #, etc. 3. Sure, Apt. #, etc. 4. FEI Number 2. Sure, Apt. #, et				*L				
Principal Place of Business   2a. Mailing Address   2b. Mailing							THIS SPACE	· · · · · · · · · · · · · · · · · · ·
2. Principal Place of Business   2. Making Address   3. Florida Status   3. Black Apt 4, etc.   3. Sule, Apt 4, etc.   5. Certificate of Status Desired   58.75 Additional Feet   58.7								
Subject Apt. 6, etc.    26		10						
Suite, Apt #, etc.    Suite, Apt #, etc.   Suite, A	<del>-</del>	lace of Business				· - · · ·	<u> </u>	
City & State  City & City & State  City & State  City & State  City & City & St		# atc				59-3186705		
City & State    City & State	<del>-</del>	п, ок.	<del></del>			Certificate of Status Desired		
Zip		9			<del></del>	6 Flection Compaign Financing		<del></del>
Zip	23		28					
B. Name and Address of Current Registered Agent  LIVERA, GIOVANN 10116 CHESHUNT DRIVE ORLANDO FL 32817  11. Pursuant to the provisions of Sections 607 0502 and 807 1506, florida Statutes, the above-varied Corporation, submits this statement for the purposed of changing its registered agent. I am terminal with a national registered agent. I am terminal registered a	<del></del> _	Country	Zıp	Count	ry	8. This corporation owes or has paid	the current year In-	tangible
LIVERA, GIOVANN 10116 CHESHUNT DRIVE ORLANDO FL 32817  11. Pursuant to the provisions of Section's 607,0502 and 807,1508. 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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's submits this statement for the purpose of changing its registered office or registered agent alignature repaired with remaining?  12. OFTICTIRS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LIVERA, GIOVANN 10118 CHESHUNT DRIVE 12. OFTICTIRS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LIVERA, GIOVANN 10118 CHESHUNT DRIVE 11. TITLE 11. TITLE 12. UNFR. 1.20  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. TITLE 10. UNFR. 1.20  17. STATE ADDRESS  11. TITLE 10. UNFR. 1.20  10	24			30		Personal Property Tax due June 30	o. 🗹 Yes 🛚	
LIVERY, CONTROL OF LANDO FL 32817  82 Street Address (P.O. Box Number is Not Acceptable)  83   84		9. Name and Address of Curre	ent Registered Agent		<del></del>	10. Name and Address of New Regis	tered Agent	
ORLANDO FL 32817    83   84   City   FL   95   Zip Codo	LI	vera, giovanni		8	1 Name			
Sea	10118 CHESHUNT DRIVE			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)	·	
11. Pursuant to the provisions of Sections 607 6502 and 607 1508. Florida Statuties, the above-named corporation submits this statement for the purpose of changing its repistered agent an embraic with, and accept the obligations of. Section 607 6505, Profile Statutions, the above-named corporation's board of directors. I hereby accept the appointment as registered agent 1 am femiliar with, and accept the obligations of. Section 607 6505, Profile Statutions.  SIGNATURE  12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  THE NAME   DELETE   1.1 III.E   1.2 NAME   1.3 NAME   1.3 NAME   1.3 NAME   1.4 NAME   1.5	OI	RLANDO FL 32817				· · · · · · · · · · · · · · · · · · ·		
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Signature lysics or privated none of regulared Appril advisor regulared when retroader(p)   DATE	agent. La	m familiar with, and accept the obli	gations of, Section 607.0505, F	lorida Statut	es.	,,	TO SPECIAL SECTION SEC	/ <b>-g</b>
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CITY-ST-ZIP  5.4 CITY-ST-ZIP  5.1 TITLE  5.1 TITLE  5.1 TITLE  5.2 NAME  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  1.1 Increby certify that the information supplied with this filing close sot quality 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 too and accountee and hat 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 focuse of the corporation or the focuse of execute this report as required by Chapter 607. Florida Statutes; and that my name appears in	NAME			5.2 NAME				
TITLE    DELETE   6.1 TITLE   6.2 NAME	STREET ADDRESS			5.3 STREI	ET ADDRESS	$\epsilon$		
NAME  STREET ADDRESS  City-st-zip  14. I hereby certify that the information supplied with this filing close sot quality 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 eport 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 focuse of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in	CITY-ST-ZIP			5.4 CITY-	-ST-ZIP			
STREET ADDRESS  City-st-zip  14. Thereby certify that the information supplied with this filing close sot qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental annual labort 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 feeting 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 feeting and that my name appears in	TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
City-St-ZIP  64 CITY-St-ZIP  14. I hereby certify that the information supplied with this filing close sot quality 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 opert is true and accounte 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 face year frustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in	NAME			6.2 NAME	.			
14. Thereby 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 eport is true and accounte and hat 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 focuser frustee empowered of execute this report as required by Chapter 607. Florida Statutes; and that my name appears in	STREET ADDRESS			6.3 STREE	et address			
14. I hereby certify that the information supplied with this filing doce 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 eport 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in								
officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	14. I hereby of indicated	certify that the information supplied to on this appual report or supplement	with this filing doce not qualify to	for the exem	otion stated in	n Section 119.07(3)(i), Florida Statutes, I fur ure shall have the same legal effect as if ma	ther certify that the	information at I am an
	officer or	director of the corporation or the rec	criver of trustee empowered to achinent with an address.	execute this	report as rec	quired by Chapter 607, Florida Statutes; and	d that my name ap	pears in

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