

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000064757 (6)

1. Corporation Name  
IRISH MAGIC, INC.

Principal Place of Business

16100 BAY POINT BLVD  
E-204  
FT MYERS FL 33917  
US

Mailing Address

16100 BAY POINT BLVD  
E-204  
FT MYERS FL 33917-3877  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

28 Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

KAUFFMAN, PEGGY  
16100 BAY POINT BLVD  
E-204  
FT MYERS FL 33917

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 line if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFFMAN, JOHN G		1.2 NAME
STREET ADDRESS	16100 BAY POINT BLVD		1.3 STREET ADDRESS
CITY-ST-ZIP	FT MYERS FL 33917		1.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFFMAN, PEGGY A		2.2 NAME
STREET ADDRESS	16100 BAY POINT BLVD		2.3 STREET ADDRESS
CITY-ST-ZIP	FT MYERS FL 33917		2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

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

Peggy KAUFFMAN VP

4-2-97 8:00 AM

FILED  
May 02 1997 8:00am  
Secretary of State

CR2E034 (9/96)