

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90071 029 ***150.00

DOCUMENT # P93000064757

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1993

4. FEI Number

65-0438840

Applied For

No: 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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

PEGGY KAUFFMAN VP

82 Street Address (P.O. Box Number is Not Acceptable)

4323 13TH ST W

83 City

LEHIGH ACRES

FL

85 Zip Code

33971

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 D ☐ DELETE
NAME KAUFFMAN, JOHN G
STREET ADDRESS 16100 BAY POINT BLVD
CITY-ST-ZIP FT MYERS FL 33917

TITLE D ☐ DELETE
NAME KAUFFMAN, PEGGY A
STREET ADDRESS 16100 BAY POINT BLVD
CITY-ST-ZIP FT MYERS FL 33917

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME JOHN G KAUFFMAN PRES.
1.3 STREET ADDRESS 4323 13TH ST W
1.4 CITY-ST-ZIP LEHIGH ACRES FL 33971

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME PEGGY A KAUFFMAN VP
2.3 STREET ADDRESS 4323 13TH ST W
2.4 CITY-ST-ZIP LEHIGH ACRES FL 33971

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

Date

941-693-5412

Daytime Phone

CR2E034 (1/98)

0449788