

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

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

04-29-1999 90071 029 \*\*\*150.00

0449788

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

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. FEIN Number  
**65-0438840**

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

2. Principal Place of Business  
 21 **4323 13th St**  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 **4323 13th St**  
 Suite, Apt. #, etc.

22 City & State  
 23 **Lehigh Acres FL**  
 Zip Country

24 **33971** 25 **Lee** 29 **33971** 30 **Lee**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name  
**PEGGY KAUFFMAN VP**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4323 13TH ST W**

83 **Lee**

84 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

*Peggy Kauffman VP* : **4-22-99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KAUFFMAN, JOHN G</b>	
STREET ADDRESS	<b>16100 BAY POINT BLVD</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33917</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KAUFFMAN, PEGGY A</b>	
STREET ADDRESS	<b>16100 BAY POINT BLVD</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33917</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>JOHN G KAUFFMAN PRES.</b>	
1.3 STREET ADDRESS	<b>4323 13TH ST W</b>	
1.4 CITY-ST-ZIP	<b>LEHIGH ACRES FL 33971</b>	
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PEGGY A KAUFFMAN VP.</b>	
2.3 STREET ADDRESS	<b>4323 13TH ST W</b>	
2.4 CITY-ST-ZIP	<b>LEHIGH ACRES FL 33971</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Peggy Kauffman VP* **4-22-99** **941-699-5412**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)