

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

FILED

May 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000074167 (6)**

1. Corporation Name

**THE MAGICK MOON CORPORATION**

Principal Place of Business

**9309 N. FLORIDA AVE  
TAMPA FL 33612  
US**

Mailing Address

**P.O. BOX 2115  
BRANDON FL 33509-2115**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/20/1993</b>		3a. Date of Last Report <b>05/01/1996</b>	
21 <b>626 So. 67th St</b>		26		4. FEI Number <b>65-0452324</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 City & State <b>Tampa, FL</b>		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip <b>33619</b>		25 Country <b>Hills.</b>		29 Zip		30 Country	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

9. Name and Address of Current Registered Agent

**INGLIS, JOAN H  
626 67TH ST S  
TAMPA FL 33619**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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:  (NOTE: Registered Agent signature required when reinstating) DATE: **4-29-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PVTS</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Pvt</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>INGLIS, JOAN H.</b>		1.2 NAME <b>JOAN H. Inglis</b>	
STREET ADDRESS <b>626 67TH ST. SO.</b>		1.3 STREET ADDRESS <b>626 So 67th St</b>	
CITY - ST - ZIP <b>TAMPA FL</b>		1.4 CITY - ST - ZIP <b>TAMPA, FL 33619</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>Pvt</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>LtS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>INGLIS, JOAN H.</b>		2.2 NAME <b>Alanna Knight</b>	
STREET ADDRESS <b>626 So. 67th St</b>		2.3 STREET ADDRESS <b>10117 ALAMBRA AVE</b>	
CITY - ST - ZIP <b>TAMPA, FL 33619</b>		2.4 CITY - ST - ZIP <b>TAMPA, FL 33619</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  (NOTE: Registered Agent signature required when reinstating) DATE: **4-29-97** 813-623-1198

CR2E034 (9/96)