03161999-90122-044-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Mar 16, 1999 8:00 am
Secretary of State
03-16-1999 90122 044 ***150.00

DOCUMENT # **P93000080797**

1. Corporation Name
MAGIC TOUCH INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
7380 SAND LAKE ROAD #500 ORLANDO FL 32819	7380 SAND LAKE ROAD #500 ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1407 McCoy Road
Suite, Apt. #, etc
22
City & State
23 Orlando Fla
Zip 24 32809 Country 25 USA

2a. Mailing Address
26 1407 McCoy Road
Suite, Apt. #, etc
27
City & State
28 Orlando Fla
Zip 29 32809 Country 30 USA

3. Date Incorporated or Qualified
11/08/1993

4. FEI Number
59-3217224
☐ Applied For
☐ Not 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

ABECASSIS, JEAN CLAUDE
~~7380 SAND LAKE ROAD~~ ~~1750 Enterprise Way~~
~~#500~~ ~~Ste 105~~
~~ORLANDO FL 32819~~ ~~MARIETTA, GA 30067~~

10. Name and Address of New Registered Agent

81 Name Jean Claude Abecassis
82 Street Address (P.O. Box Number is Not Acceptable) 1407 McCoy Road
83
84 City Orlando FL 85 Zip Code 32801

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 _____ DATE
Signature, typed or printed name of registered agent and title if agent is a corporation NOTE: Registered Agent signature required when changing

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST ABECASSIS, JEAN CLAUDE ~~7380 SAND LAKE ROAD, SUITE 500~~ ~~ORLANDO FL 32819~~	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~1750 Enterprise Way~~ ~~Ste 105~~ ~~Marietta, GA 30067~~	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	DPST Jean Claude Abecassis 1407 McCoy Road Orlando FL 32809	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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: _____ 03-15-99 770 859 0102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #