

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000087967 (4)**

1. Corporation Name

MAGIC ONE CHARTERS, INC.



Principal Place of Business

Mailing Address

~~633 TIMBERLANE ROAD~~
~~TALLAHASSEE FL 32312~~

~~633 TIMBERLANE ROAD~~
~~TALLAHASSEE FL 32312~~

2. Principal Place of Business

2a. Mailing Address

21 1003 Hillsboro Mile

26 1003 Hillsboro Mile

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Hillsboro Beach, Florida

28 Hillsboro Beach, Florida

24 Zip

25 Country

29 Zip

30 Country

33062

Broward

33062

Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURDOCH, ROBERT E
780 EAST BROWARD BLVD., STE. 400
FT. LAUDERDALE FL 33301

81 Name
Capital Corporate Services, Inc.

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

83

84 City
Tallahassee

FL

85 Zip Code
32312

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TORGUSON, MARLIN
711 CASINO MAGIC DRIVE
BAY ST. LOUIS MS 38520
☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D
TORGUSON, MARLIN
711 Casino Magic Drive
Bay St. Louis, MS 39520
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-96 601-467-9257

CR2E034 (12/95)