SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

0111508

| PROFIT CORPORATION ANNUAL REPORT **1998** | FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham,** Secretary of State DIVISION OF CORPORATIONS | FILED 98 NOV 30 PM 3:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA |

DOCUMENT # P93000087967 (4)
1. Corporation Name

MAGIC ONE CHARTERS, INC.

Principal Place of Business
~~1003 HILLSBORO MIL~~ *1073 Hillsboro mile 4 south*
HILLSBORO BEACH FL 33062
US

Mailing Address *1073 Hillsboro mile 4 south*
~~1003 HILLSBORO MILE~~
HILLSBORO BEACH FL 33062
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	12/27/1993	
4. FEI Number	65-0457009	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 or has paid the current year Intangible Personal Property Tax due June 30.	☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 *1073 Hillsboro mile*	26 *1073 Hillsboro mile*
22 Suite, Apt. #, etc. *4 south*	27 Suite, Apt. #, etc. *4 south*
23 City & State *Hillsboro Beach FL*	28 City & State *Hillsboro Beach FL*
24 Zip *33062* 25 Country *Broward*	29 Zip *33062* 30 Country *Broward*

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MURDOCH, ROBERT E 633 TIMBERLANE ROAD TALLAHASSEE FL 32312	81 Name *MARLIN F TORGUSON* 82 Street Address (P.O. Box Number is Not Acceptable) *1073 Hillsboro mile 4 south* 83 84 City *Hillsboro Beach* FL 85 Zip Code *33062*

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 *MARLIN F TORGUSON* *11-25-98*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	CR2E034 (5/98)
TITLE D NAME TORGUSON, MARLIN STREET ADDRESS 711 CASINO MAGIC DR CITY-ST-ZIP BAY ST. LOUIS MS ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition 300002706333---5 -12/08/98--01067--026 ****750.00 ****750.00	
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 REINSTATEMENT 98 12-2-98	
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 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: _____ E REQUIRED *11/5/98*