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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 19 1997 8:00am

Secretary of State

DOCUMENT # P9400000575 (8)

MAGIC INTERNATIONAL TOURS, INC.

Principal Place		· ·	Mailing Address 1420 W WATERS AVE					
SUITE 105	^ 4	SUITE 105 TAMPA FL 336	04 9090					
TAMPA FL 336		IMMEN EL 330	04-2030			3. Date Incorporated or Qualified 12/17/1993	3a. Date of Last Report 08/19/1996	
· ·	ace of Business	2a. Mailing Ad	dress			4. FEI Number	Applied For	
Suite, Apt.	H oto	26 Suite Ant	# sto			59-3213540	Not Applicat	ple
22	#, B(C.	Suite, Apt	w, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	9			6. Election Campaign Financing	\$5.00 May Be	
23		28]				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip		Country		8. This corporation has liability for i		
24	25 25 Name and Address of Curre	29	30	0		Florida Statutes 10. Name and Address of New Re	Yes No	
POI	OGNA, CATANA	III Lefteren Wall		81	Name	IV. Name and Address of New He	Jistelen Wallt	
	O W WATERS AVE							
–	TE 105			82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)	
	IPA FL 33604			83		neren arra en		
				84	City		85 Zip Code	
11. Pursuant office or re	to the provisions of Sections 607.05	02 and 607.1508, Fic e of Florida. Such ch	rida Statutes, ange was aut	the above horized by	e-named corp	poration submits this statement for the priori's board of directors. I hereby accept	urpose of changing its registered the appointment as registered	ed d
	m familiar with, and accopt the oblig	gations of, Section 60	7.0505, Floric	da Statutes	i.	, ,	.,	
SIGNATURE	Signature, typod or printed name of registered ag	gent and title if applicable	(NO) E H	tegistered Age	nt signature requir	ed when reinstaling)	DATE	
12.	OFFICERS AN	ND DIRECTORS		18.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	P		DELETE	1.4 TOLE			☐ Change ☐ Additi	ion
NAME	FLASHER, PAUL			1.2 NAME				
STREET ADDRESS	1420 W WATERS AVE SUITE	. 105		1.8 STREET	ADDRESS			
CITY-ST-ZIP	TAMPA FL 33604		P.F. F. P.	1.4 CITY - S	1 - ZIP	NET TO THE TOTAL THE		
TITLE	POLOGNA CATANA		DELETE	2.1 1111.6			Change Additi	ion
NAME	BOLOGNA, CATANA 1420 W WATERS AVE SUITE	106		2.2 NAME				
STREET ADDRESS	TAMPA FL 33804	IVO		2.8 STREE1			•	
CITY-ST-ZIP TITLE	TANKA I L GOODY		DELETE	2. 4 CITY - S 3.1 TITLE	61 - ZII'		Change Addit	linn
NAME				3.2 NAMÉ				
STREET ADDRESS				3.8 STRLE1	ADDRESS			
CITY-ST-ZIP				3.4. CITY - S				
TITLE			DELFTE	4.1 TITLE			☐ Change ☐ Addit	lion
NAME				4. 2 NAME				
STREET ADDRESS				4.8 \$1REE1	ADDRESS			
CITY-ST-ZIP				4.4 CITY - S	1-7IP			
TITLE			DELETE	5.1 TITLE			Change Addit	iOn
NAME				5 2 NAME				
STREET ADDRESS				5.8 STREET	ADDRESS			
CITY-ST-ZIP				54 CITY-S	1-7IP		····	
TITLE		ليا	DELETE	61 TITLE			∐ Change ☐ Addit	ion
NAME				6.2 NAME				
STREET ADDRESS				6.8 STREET				
C(TY-ST-ZIP		ed with the force of a	n not a let ?	64 CITY-S		15. Cartina 440 07/023 F1-24- 02 1	1 f th	
Informatio	by certify that the information supplied in indicated on this annual report or flicer or director of the corporation of the cor	ou with this filing doe supplemental annua or the receiver or trus	s not quality for the report is true to empower	or the executor to	inption stated trate and that ule this repor	l in Section 119.07(3)(i), Florida Statute I my signature shall have the same lega It as required by Chapter 607, Florida S	 Further certify that the Leffect as if made under eath; that tatutes; and that my name 	thal