02271999-90083-024-$150.00-$150.00

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

FILED
Feb 27, 1999 8:00 am
Secretary of State
02-27-1999 90083 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P94000024321

1. Corporation Name
MAJIK MANATEE, INC.

Principal Place of Business	Mailing Address
13451-16 MCGREGOR BLVD. FORT MYERS FL 33919	13451-16 MCGREGOR BLVD. FORT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1994

4. FEI Number: 65-0478718 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 1347 ST LUCIE WEST BLVD	26 3754 S.E. OCEAN BLVD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PT ST LUCIE FL	28 City & State: STUART
24 Zip: 34986 25 Country: ST LUCIE	29 Zip: FL 30 Country: 34996

9. Name and Address of Current Registered Agent

SCHILLING, MICHAEL L
13451-16 MCGREGOR BLVD.
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name: KIPP T. FOSTER
82 Street Address (P.O. Box Number is Not Acceptable): 3754 S.E. OCEAN BLVD
83
84 City: STUART FL 85 Zip Code: 34996

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: 3/18/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHILLING, MICHAEL L 13451-16 MCGREGOR BLVD. FT MYERS FL 33919	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ASEN, MATTHEW 497 LAKE MUREX CIRCLE SANIBEL FL 33957	☐ 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	D FOSTER, R. JAMES 3754 S.E. OCEAN BLVD. STUART FL 34996	☐ 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	D FOSTER, KIPP 3754 S.E. OCEAN BLVD. STUART FL 34996	☒ 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

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: _____ 1/13/99 561-288-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #