

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 AUG 25 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

PROFIT
CORPORATION
ANNUAL REPORT
1997

DOCUMENT # P94000025315 (0)

1. Corporation Name
MAGIC PAWN, INC.

Principal Place of Business

Mailing Address

5505 OLD WINTER GARDEN ROAD
ORLANDO FL 32811

5505 OLD WINTER GARDEN ROAD
ORLANDO FL 32811

4483 N. PINE HILLS RD
ORLANDO, FL 32808

4483 N. PINE HILLS RD.
ORLANDO, FL 32808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

03/28/1994

04/18/1996

4. FEI Number

Applied For

59-3232303

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

21 4483 N. PINE HILLS RD
Suite, Apt. #, etc.

22

City & State

23 ORLANDO FL

Zip

Country

24 32808

2a. Mailing Address

26 4483 N. PINE HILLS RD
Suite, Apt. #, etc.

27

City & State

28 ORLANDO FL

Zip

Country

29 32808

30

9. Name and Address of Current Registered Agent

ANDRADE, DOLORES
4454 CENTENNIAL DRIVE
ORLANDO FL 32808

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ANDRAD, DOLORES E.
STREET ADDRESS 4454 CENTENNIAL DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE S
NAME ANDRADE, JAQUELINE
STREET ADDRESS 4454 CENTENNIAL DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE AS
NAME ANDRADE, LUIS
STREET ADDRESS 4454 CENTENNIAL DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE AS
NAME ANDRADE, GEOVANNI
STREET ADDRESS 4454 CENTENNIAL DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

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

14. I do 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

Signature: Andrade, Dolores E.

08-19-97

(1107) 399-0309

CR2E034 (4/97)

②

Norbert N. Young
Certified Public Accountant
25 South Magnolia Ave.
Orlando, Florida 32801
(407) 422-1530

August 18, 1997

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Re: Magic Pawn, Inc.
EIN # 59-3232303

Gentlemen,

We are in receipt of your second request for a Corporation Annual Report. At your offices request we are providing you with a check in the amount of \$165.00 and a completed copy of this annual report. We are respectfully requesting that your offices accept this as filed because of the following causes:

- (1) The taxpayer is a small startup operation in the pawn business and payment of this additional amount would be an undue financial hardship.
- (2) The taxpayer does not speak English very well and did not understand what the form was about.
- (3) Your offices said they would accept the original \$165.00 and the report as filed.
- (4) The taxpayer hired an accountant to prepare all the appropriate returns but since he did not receive the annual report he did not prepare the same. Evidently the first annual report went to the old location of the business which had been closed and was lost.

Thank you for your kind consideration and cooperation with this matter. As always feel free to contact us with any questions or comments.

Very truly yours,

Norbert N. Young

Dolores Andrade, President, Magic Pawn Inc.