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Secretary of State

03-11-1999 90228 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **P94000033451**

1. Corporation Name
SOFTWARE MAGIC, INC.

Principal Place of Business	Mailing Address
497 E SEMORAN BLVD SUITE 135 CASSELBERRY FL 32707 US	497 E SEMORN BLVD.. STE 135 CASSELBERRY FL 32707 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/29/1994

4. FEI Number: 65-0487682 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 6801 Lake Worth Rd.	26 222 LAKEVIEW AVE.
22 Suite, Apt. #, etc. 119	27 Suite, Apt. #, etc. 160-385
23 City & State Lake Worth, FL.	28 City & State WEST PALM Beach, FL.
24 Zip 33467 25 Country USA	29 Zip 33401 30 Country USA

9. Name and Address of Current Registered Agent

SCHROEDER, NORMAN L II
6801 LAKE WORTH ROAD
SUITE 120
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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
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	CDS	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	NEWMAN, LARRY B		1.2 NAME	
STREET ADDRESS	497 SEMORAN BLVD SUITE #135		1.3 STREET ADDRESS	6801 Lake Worth Rd-Suite 119
CITY-ST-ZIP	CASSELBERRY FL		1.4 CITY-ST-ZIP	Lake Worth FL 33467
TITLE	DP	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	ROMANO, ROBERT		2.2 NAME	
STREET ADDRESS	497 SEMORAN BLVD SUITE #105		2.3 STREET ADDRESS	6801 Lake Worth Rd. Suite 119
CITY-ST-ZIP	CASSELBERRY FL 32707		2.4 CITY-ST-ZIP	Lake Worth FL 33467
TITLE	T	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	LABELLE, LAWRENCE		3.2 NAME	
STREET ADDRESS	497 SEMORAN BLVD SUITE #135		3.3 STREET ADDRESS	6801 Lake Worth. Rd Suite 119
CITY-ST-ZIP	CASSELBERRY FL 32707		3.4 CITY-ST-ZIP	Lake Worth, FL. 33467
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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: _____ LARRY NEWMAN 3/9/99 561-642-6999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #