

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90003 039 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P94000033761

1. Corporation Name

MAGIC HOMES OF CENTRAL FLORIDA, INC.



Principal Place of Business
**4423 S. ORANGE BLOSSOM TRAIL
KISSIMMEE FL 34741**

Mailing Address
**4423 S. ORANGE BLOSSOM TRAIL
KISSIMMEE FL 34741**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1994

4. FEI Number

59-3234956

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. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

**DAKU, SCOT L
4423 S. ORANGE BLOSSOM TRAIL
KISSIMMEE FL 34741**

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

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** ☐ DELETE
NAME **DAKU, SCOT L**
STREET ADDRESS **2425 OLEANDER RD**
CITY-ST-ZIP **DELAND FL**

TITLE **VP** ☐ DELETE
NAME **DAKU, THOMAS F**
STREET ADDRESS **2770 POINCIANA BLVD STE 129**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **S** ☐ DELETE
NAME **RICE, DANIEL L**
STREET ADDRESS **3120 SR 40**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **T** ☐ DELETE
NAME **RICE, DANIEL L**
STREET ADDRESS **3120 SR 40**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Thomas F. Daku
THOMAS F. DAKU, SECRETARY

7/17/99 (407) 931-4311

CR2E034 (5/99)

M.D. Services, Inc.

7/17/99

P94000033761
593333-90003-39

TO: Division of Corporations

ATTN: Stacey

Re: Document # V24994
M.D. Services, Inc.

Document # P94000033761
Magic Homes of Central Florida, Inc.

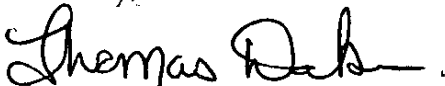
Reference is made to our telephone conversation regarding the above mentioned corporations.

As I stated in our conversation, we received these second notices even though we had already sent in our first notice prior to the May 1, 1999, deadline for both corporations.

Per your instructions, inclosed are both forms signed and inclosed is a check for \$150 to each one.

Thank you so much for your consideration on our behalf.

Sincerely,



THOMAS DAKU
M.D. Services, Inc.
Magic Homes of Central Florida, Inc.



Quality Vacation Rentals
Property Management, Inc.
Commercial Services

2777 Palmdale Blvd.
Suite 108
Kissimmee, FL 34746

(407) 366-2744 ext. 101
(407) 366-8447 fax