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

DOCUMENT # P9400066541 (1)

MAGIC IMPORTS OF ALTAMONTE SPRINGS, INC.

Principal Place of Business

1220 STATE RD. 436 W.

Mailing Address

1220 STATE RD. 436 W. ALTAMONTE SPRINGS FL 32714-2735

FILED Feb 27 1997 8:00am Secretary of State



Suite. Apl. #, etc. Suite. Apl. #, etc. City & State City & State City & State City & State Country Zip Name and Address of Current Registered Agent To, Name and Address of New Registered Age	, HEINMONIE	0.111100 IE 02.117	NEISHOUTE OF IMAGE		93	·			
2. Malling Address 2. Malling Address 5. S-3286042 Not Applied 5. S-328						3. Date Incorporated or Qualified	3s. Date of Last Rep	port	
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9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 11. Name 12. Sirect Address (P.O. Box Number is Not Acceptable) 13. Name 14. City 15. C		Country		Cou	ntrv				
9. Name and Address of Current Registered Agent GOLCHIN, DEBORAH 1169 ERROL PARKWAY APOPKA FL 327 - 12 11. Pursuant to the provisions of Sections 607/0502 and 607/1508, Fiorida Statutes, the above-named corporation's board of directors. I horeby accept the purpose of changing its register office or registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I horeby accept the purpose of changing its register office or registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I horeby accept the purpose of changing its register agent. I am familiar with and accept the obligations of Section 607/0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 FILL D GOLCHIN, DEBORAH 12. NAME 12. NAME 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 FILL D GOLCHIN, DEBORAH 14. NAME 14. STREET ADDRESS CITY ST-2P FILL D ELETE 31. TITLE C Change Ad ADMAC 32. NAME 33. STREET ADDRESS CITY ST-2P FILL D ELETE 31. TITLE C Change Ad ADMAC 33. STREET ADDRESS CITY ST-2P FILL C Change Ad ADMAC 34. CITY ST-2P FILL C Change Ad ADMAC 35. STREET ADDRESS CITY ST-2P FILL C Change Ad ADMAC 4. STREET ADDRESS CITY ST-2P FILL C Change Ad ADMAC 4. STREET ADDRESS CITY ST-2P FILL C Change Ad ADMAC 5. STREET ADDRESS CITY ST-2P FILL C Change Ad ADMAC 5. STREET ADDRESS CITY ST-2P FILL C Change Ad ADMAC 5. STREET ADDRESS CITY ST-2P FILL C Change Ad ADMAC 5. STREET ADDRESS CITY ST-2P FILL C Change Ad ADMAC 5. STREET ADDRESS CITY ST-2P FILL C Change Ad ADMAC 5. STREET ADDRESS CITY ST-2P FILL C Change AD C Change C Change C Change AD C Change C Cha	r	·			,			199.032,	
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APOPKA FL 327 - 12 83									
B3					82 Street Address (P.O. Box Number is Not Acceptable)				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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 register agent, by other parent remainder with and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature by setting packet parent remaind registerial agent and to it applicables upget and to it applicables upget and to it applicables. INDTE Registered Agent signature required were remaining. DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME NAME SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME 12 NAME 12 NAME 12 NAME 12 NAME 22 NAME 23 STREET ADDRESS CITY ST 79 DELETE 17 TILL 10 DELETE 33 STREET ADDRESS CITY ST 79 TILL NAME 33 STREET ADDRESS CITY ST 79 TILL AGENCY ST 79 TILL NAME 42 NAME 43 STREET ADDRESS STREET ADDRESS CITY ST 79 TILL NAME 43 STREET ADDRESS CITY ST 79 TILL NAME 44 STREET ADDRESS CITY ST 79 TILL NAME 45 STREET ADDRESS CITY ST 79 TILL NAME 45 STREET ADDRESS CITY ST 79 TILL NAME 46 CITY ST 79 TILL CITY ST 79 TILL NAME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CITY ST 79 TILL CITY ST	AP	UPKA FL 327 - 12			62				
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am furniliar with and accord the obligations of Socion 607 0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE NAME SIRELE ADDRESS CITY ST-2PF TILLE DELETE 14 CITY-ST-2PF TILLE DELETE 15 TITLE DELETE 17 TITLE DELETE 31 TITLE DELETE DELETE 31 TITLE DELETE DELETE 31 TITLE DELETE DELETE 31 TITLE DELETE DELETE DELETE 31 TITLE DELETE DELETE DELETE DELETE TOTAL CHange Add TOTAL CHANGES TOTAL CHANGE					••				
1. Pursuant to the provisions of Sections 607 (600 and 607) 1508, Florida Statutas, the above-named corporation submits this statement for the purpose of changing its register office or repostered 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 register agent. I am familiar with and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE					84 City		El 85 Zip Co	ode	
Office or registered agent, or both, in the State of Florida State hange was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. Lam familiar with and accept the obligations of. Sociolo 607.0505, Florida Statetics. SIGNATURE SIGNATURE 12. OFFICERS AND DIFECTORS IS. OFFICERS AND DIFECTORS IN 12. INTE. NAME. SIRELATIONS. SIGNATURE OFFICERS AND DIFECTORS IN 12. INTE. NAME. SIRELATIONS. OFFICERS AND DIFECTORS IN 12. INTE. O	11. Pursuant	to the provisions of Sections 607,050	02 and 607.1508. Florida Statu	tes, the at	oove-named corn	poration submits this statement for the p	upose of chancing its	registered	
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12.	SIGNATURE	Signature type for prefect name of registered ag	ent and title if applicable (NO	TE Registered	Agent signature requir	red when reinstation)	DATE		
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I do nereby 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 2/2/17-401974-116