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

FILED
97 JUN 20 AM 7:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000067791 (1)**

1. Corporation Name
MAGIC PET PRODUCTS, INC.

Principal Place of Business	Mailing Address
7101 69 ST. NORTH PINELLAS PARK FL 34665 US	P.O. BOX 20245 ST. PETERSBURG FL 33742-0245

2. Principal Place of Business
21 11323 43rd ST N.
22 Suite, Apt. #, etc.
23 City & State: Clearwater, FLORIDA
24 Zip: 34622 25 Country: USA

2a. Mailing Address
26 SAME
27 Suite, Apt #, etc.
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualified: 09/12/1994
3a. Date of Last Report: 01/02/1997
4. FEI Number: 59-3298070 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
ROGERS, BEN E
7101 69 ST. NORTH
PINELLAS PARK FL 34665

10. Name and Address of New Registered Agent
81 Name: Levy, Richard A.
82 Street Address (P.O. Box Number is Not Acceptable): 5285 40th ST S.
83
84 City: St Petersburg FL 85 Zip Code: 33711

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 _____ 6-17-97 (revised)
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	Kennedy, Melvin E. ☒ Change ☒ Addition
NAME	ROGERS, BEN E	1.2 NAME	
STREET ADDRESS	7101 69 ST. NORTH	1.3 STREET ADDRESS	4915 72nd ST N.
CITY-ST-ZIP	PINELLAS PARK FL 34665	1.4 CITY-ST-ZIP	ST Petersburg, FL. 33709
TITLE	☐ DELETE	2.1 TITLE	VT Levy, Richard A. ☐ Change ☒ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	5285 40th ST S.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ST Petersburg, FL. 33711
TITLE	☐ DELETE	3.1 TITLE	Johnson, Keith R. ☐ Change ☒ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	5770 Roosevelt Blvd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Clearwater, FL. 34620
TITLE	☐ DELETE	4.1 TITLE	Fabrici, Richard J. JR. ☐ Change ☒ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	5791 Leeland ST S.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ST. Petersburg, FL 33715
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	200002221122--9
STREET ADDRESS		5.3 STREET ADDRESS	-06/24/97--01040--006
CITY-ST-ZIP		5.4 CITY-ST-ZIP	****173.75 ****173.75
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 (9/96)

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: _____ 863