## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 29 1997 8:00am

Secretary of State

Change

Change

Addition

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400081913 (3)

MAGICAL MYSTERIES, INC.

Principal Place of Business Mailing Address A700 N 318T CT HOLLYWOOD FL 33021 4700 N 31ST CT HOLLYWOOD FL 33021-2366 3. Date Incorporated or Qualified 3a. Date of Last Report 11/08/1994 06/13/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0553781 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country This corporation has liability for intangible tax under s. 199.032, 24 25 29 Florida Statutes Yes No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FEINBERG, JEFFREY 81 Name 4561 SHERIDAN ST 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 300 HOLLYWOOD FL 33021 83 84 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, typod or printed name of registered agout and title if applicable (NOTE Registered Agent's guature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6)TITLE DELE18 1.1 TITLE Change \_\_\_ Addition SHELLEY, MICHAEL NAME 1.2 NAME E034 4700 N 31ST CT STREET ADDRESS 1.3 STREET ADDRESS **HOLLYWOOD FL 33021** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Change 2.1 TILLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3 1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 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.

5 1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

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NAME

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