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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000084815 (7)

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COOR LARY OF STATE

MAGIC FINANCIAL SERVICES, INC.					TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address 103 COMMERCE STREET. STE. 100 103 COMMERCE STREET. STE. LAKE MARY FL 32746-6237				<u>'</u>) 3003/10E1 1/E (B/II/ 0/01/ 003/11 E	IIII OSKIT OBIOLIJAK	01001 (646) 1191)
LANE MARTIT	L 02/41	LANE MAIN FL 32790	P0231		3. Date Incorporated or Qua 11/18/1994	1	ate of Last F	eport
	lace of Business	2a. Mailing Address			4. FEI Number	9-34543	Ar Ar	plied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			APPLIED FOR 59			ot Applicable Additional
22		27			Certificate of Status Desired	ed 🗀		equired
City & State	9	City & State			6. Election Campaign Finance	-		May Be
Zip	Country	28 Zip	Cour	ntru	Trust Fund Contribution		Added	
24	25	29	30	,	 This corporation has liability Florida Statutes 	ty for intangible X Yes		, 199.032,
	9. Name and Address of Curr				10. Name and Address of Ne			
LABRET, STEVEN M			ļ	81 Name				
	N. MAGNOLIA AVE., STE. A		Ţ	82 Street Addr	lress (P.O. Box Number is Not Acc	eptable)	····································	
UKL	ANDO FL 32801		-	83	<u></u>			
			ļ	84 City			1221 2	
				84 City		FL	85 Zip	Code
11. Pursuant I	to the provisions of Sections 607.0	502 and 607,1508, Florida State of Florida, Such change w	atutes, the ab	ove-named corp	poration submits this statement for	the purpose o	of changing it	s registered registered
agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Starn familiar with, and accept the obling Signature, lysed or printed name of registered.	agent and title II applicable.	, Florida Statu (NO1E: Registered	ove-named corp by the corporatites. Agent signature requires	vired when reinstating)	DATE		
agent I at SIGNATURE	m familiar with, and accept the obtained signature, typed or printed name of registered. OFFICERS A	ligations of, Section 607,0505 agent and title if applicable. (NOD DIRECTORS	(NO1E: Registered	Agent signature requi		DATE	D DIRECTOR	IS IN 12
agent I at SIGNATURE 12. Title	in familiar with, and accept the obling signature, lyned or printed name of registered of OFFICERS A	agent and title II applicable.	, Florida Statu (NO1E: Registered	Agent signature requii	ired when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AN	D DIRECTOR	IS IN 12
agent I at SIGNATURE	Signature, typed or printed name of registered a OFFICERS A D MOREIRA, STEVEN 103 COMMERCE ST., STE.	ligations of, Section 607,0505 agent and title if applicable. (NOD DIRECTORS DELETE	(NOTE: Registered 13. 1.1 TH	Agent signature requii	ADDITIONS/CHANGES TO BIDDED: -07/	DATE OFFICERS AN 11/97E	D DIRECTOR Change SIDS 1115-1	IS IN 12
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I do nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I lighter 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 corporated 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 charged or on an attachment with an address.

/a >