

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90023 003 ***558.75

DOCUMENT # P94000084815

1. Corporation Name
MAGIC FINANCIAL SERVICES, INC.



Principal Place of Business
103 COMMERCE STREET, STE. 100
LAKE MARY FL 32741

Mailing Address
103 COMMERCE STREET, STE. 100
LAKE MARY FL 32741

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 280 SCA 427

2a. Mailing Address
26

3. Date Incorporated or Qualified

11/18/1994

Applied For

Not Applicable

Suite, Apt. #, etc.
22 Suite 100

Suite, Apt. #, etc.
27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State
23 Lakewood FL

City & State
28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip
24 32750

Country
25 USA

Zip
29

Country
30

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LABRET, STEVEN M
501 N. MAGNOLIA AVE., STE. A
ORLANDO FL 32801

81 Name
Boyle + Schulman

82 Street Address (P.O. Box Number is Not Acceptable)
700 Turnbull Ave # 203

83

84 City
Altamonte Springs FL

85 Zip Code
32701

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
Deth Schulman, Boyle + Schulman PA President 5/1/99

Signature, typed or printed 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
NAME
MOREIRA, STEVEN
STREET ADDRESS
103 COMMERCE ST., STE. 100
CITY-ST-ZIP
LAKE MARY FL 32741

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
Vice President / Treasurer
NAME
Linda Mee
STREET ADDRESS
344 E Ridgewood St
CITY-ST-ZIP
Altamonte Springs FL 32701

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
VP Secretary
NAME
Terri Zucchi
STREET ADDRESS
126 Triplett Lake Dr.
CITY-ST-ZIP
Casselberry FL 32707

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)