

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000015988 (5)

1. Corporation Name
MAGIC INVESTMENTS, INC.



Principal Place of Business: 3501 W. VINE ST. SUITE 115 KISSIMMEE FL 34741
Mailing Address: 3501 W. VINE ST. SUITE 115 KISSIMMEE FL 34741

3. Date Incorporated or Qualified: 02/24/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 59-3304858
Applied For: [Blank]
Not Applicable: [Blank]
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: [X] Yes [] No

2. Principal Place of Business: 21 3730 GRISCOM LANE, 22 KISSIMMEE, FL, 23 34741, 24 USA
2a. Mailing Address: 26 3730 GRISCOM LANE, 27 KISSIMMEE, FL, 28 34741, 29 USA, 30 USA

9. Name and Address of Current Registered Agent
MCCARTHY, VERNE
3501 W. VINE ST.
SUITE 115
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent
81 Name: VERNE MCCARTHY
82 Street Address (P.O. Box Number is Not Acceptable): 3730 GRISCOM LANE
83 [Blank]
84 City: KISSIMMEE, FL, 85 Zip Code: 34741

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] Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signatures required when reinstating. DATE: [Blank]

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT, TREASURER	<input type="checkbox"/> DELETE
NAME	EATON, DAVID M	
STREET ADDRESS	7350 STATE RD. 557	
CITY - ST - ZIP	POLK CITY, FL. 33868	
TITLE	VICE PRESIDENT, SECT	<input type="checkbox"/> DELETE
NAME	MCCARTHY, VERNE L	
STREET ADDRESS	1414 LONDBA LANE	
CITY - ST - ZIP	KISSIMMEE, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] DATE: 4/29/96 DAYTIME PHONE: 407-887-7552
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)