

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000016460 (4)

1. Corporation Name

MAGIC TOUCH SERVICES, INC.



Principal Place of Business

239 S. BREVARD AVENUE
SUITE 1
COCOA BEACH FL 32931

Mailing Address

239 S. BREVARD AVENUE
SUITE 1
COCOA BEACH FL 32931

3. Date Incorporated or Qualified

02/27/1995

3a. Date of Last Report

2. Principal Place of Business

21 2130 Forest Knoll Dr NE #112

Suite, Apt. #, etc.

22 #112

City & State

23 Palm Bay, FL

Zip

24 32905

Country

25 USA

2a. Mailing Address

26 2130 Forest Knoll Dr NE

Suite, Apt. #, etc.

27 #112

City & State

28 Palm Bay, FL

Zip

29 32905

Country

30 USA

4. FEI Number

59-3305441

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

PERRY, SYLVIA A
239 S. BREVARD AVENUE
SUITE 1
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name Perry, Sylvia A

82 Street Address (P.O. Box Number is Not Acceptable)

2130 Forest Knoll Dr NE

#112

83 City

Palm Bay

FL

85 Zip Code

32905

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

Sylvia A. Perry

Sylvia A. Perry

President

4/23/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME PERRY, JOHN R
STREET ADDRESS 239 S. BREVARD AVENUE, #1
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE ☐ DELETE

D
NAME PERRY, SYLVIA A
STREET ADDRESS 239 S. BREVARD AVENUE, #1
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE ☒ DELETE

D
NAME ATTA, JO ANN V
STREET ADDRESS 461 BROOKDALE AVENUE, NE
CITY-ST-ZIP PALM BAY FL 32907

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☒ Change ☐ Addition

1.2 NAME John Perry, John R

1.3 STREET ADDRESS 2130 Forest Knoll Dr NE #112

1.4 CITY-ST-ZIP Palm Bay, FL 32905

2.1 TITLE President ☐ Change ☐ Addition

2.2 NAME Perry, Sylvia A.

2.3 STREET ADDRESS 2130 Forest Knoll Dr NE #112

2.4 CITY-ST-ZIP Palm Bay, FL 32905

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Sylvia A. Perry

Sylvia A. Perry

4/23/96

407-768-0896

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (12/95)