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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 14 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

STREET ADDRESS

SIGNATURE:

DOCUMENT # P95000021933 (3)

PLANT MAGIC, INC.

Principal Place of Business 332 SPARROW WOOD CT LAKE MARY FL 32746 US		Mailing Address 332 SPARROW WOOD CT LAKE MARY FL 32746 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  03/17/1995	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	NABLOON LANC	26 571 MAINE	on have	59-3303108	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. <b>#, etc.</b>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	A	City & State	A	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 -32 74	Country 25 48.4	7(0	Country 3D 454	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
	9. Name and Address of Currer		<del></del> /	10. Name and Address of New Register	
PHI	LIP A. CARLIN		81 Name		
345 SUI	EAST S.T. 438 TE 101 RN PARK FL 32730		82 Street Adding	ess (P.O. Box Number is Not Acceptable)	<b>   65</b>   Zip Code
			OT City	F	L les zip code
SIGNATURE	Signature, typed or printed name of registered ask	nt and title if applicable (NOTE	Registered Agent signature require		E
12.	OFFICERS AN	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	COTTON, JANETTE		1.1 TITLE		Charige L. Mutition
STREET ADDRESS	332 SPARROW WOOD CT		1.2 NAME  1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL		1.4 CITY-ST-ZIP	KE MARY TO BOTH	
TITLE	VPTD	DELETE	21 HILE	14 7may 60170	Change Addition
NAME	COTTON, PETER				,
STREET ADDRESS	332 SPARROW WOOD CT		23 STREET ADDRESS 52	I NAPOLDON LANG	
CITY-ST-ZIP	LAKE MARY FL		2.4 CITY - ST - ZIP	KE MANY, FE 32746	
TITLE		DÉLETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST- ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition

6.2 NAME

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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 trusted 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.