SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

1 of 2

PROFIT CORPORATION ANNUAL REPORT
1996

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

'96 AR

FILED
96 DEC 30 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000035345

1. Corporation Name
MAGIC WORLD REALTY, INC.

Principal Place of Business / Mailing Address
656 CORTEZ CIRCLE
ALTAMONTE SPRINGS FL 32714
U.S.A.

3. Date Incorporated or Qualified: 9-30-95
3a. Date of Last Report:

2. Principal Place of Business (21): SAME AS ABOVE
2a. Mailing Address (26): N/A

4. FEI Number: 59-3349206 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23)
City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) Country (25): USA
Zip (29) Country (30)

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

Alba Fernandez
656 Cortez Circle
Altamonte Springs, FL32714

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

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: ALBA FERNANDEZ — Alba Fernandez — 12/25/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Christina Almquist 416 E. Citrus Street Altamonte Springs, FL32701	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Alba Fernandez 656 Cortez Circle Altamonte Springs, FL 32714	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	400002046754 -01/06/97--01031--005 ****225.00 ****225.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	NOTICE NOT RECEIVED, AR ☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Christina R. Almquist — 10-30-96 — 407-865-6304
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Christina R. Almquist

407-865-6304
407-788-2695

MAGIC WORLD
P.O. Box 160064, Altamonte Springs, Florida 32716-0064

FAX COVER SHEET

Date: 11/24/96

To: FLORIDA DEPT OF STATE Fax No.: ( )

From: MAGIC WORLD REALTY INC., MAGIC WORLD Fax No.: (407) 788-1950

Comments: Pages Including Cover Sheet:

WE ARE RETURNING CHECK (INCLOSED) WITH A LETTER OF EXPLAINATION/ WE NEVER RECEIVED A NOTICE OF PAYMENT DUE- IT WAS MAILED TO THE WRONG ADDRESS-/ WE CALLED YOUR OFFICE AND WERE TOLD TO SENT PAYMENT AND LETTER WITH EXPLANATION AND THE REINSTATEMENT FEE WILL NOT APPLY-/ PLEASE MAKE CORRECTION OF ALL RECORD OF OUR PROPER MAILING ADDRESS FOR BILLING- AND WE WILL IN THE FUTURE SENT OUR CORRECT PAYMENT WHEN DUE.

THANK YOU VERY MUCH/

IF THERE IS ANY QUESTION PLEASE CALL OR WRITE US-

SIGNED
Alba Durrant

FN:FAXCOV