

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

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**Apr 04 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P95000044892 (4)**

1. Corporation Name  
**MAGIC GAME VENDING, INC.**



Principal Place of Business      Mailing Address  
**5115 JEANNINE COURT  
ORLANDO FL 32807**      **5115 JEANNINE COURT  
ORLANDO FL 32807-1366**

3. Date Incorporated or Qualified <b>06/08/1995</b>	3a. Date of Last Report <b>08/08/1996</b>
4. FEI Number <b>59 331 966</b> <b>APPLIED FOR</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**BUSTAMANTE, ALBERTO S ESQ.  
% MARCHENA AND GRAHAM, P.A.  
233 SUTH SEMORAN BLVD.  
ORLANDO FL 32807**

10. Name and Address of New Registered Agent

81 Name <b>Deeb, George</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5115 Jeannine Court</b>
83
84 City <b>Orlando</b> FL      85 Zip Code <b>32807</b>

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: **George Deeb Pres.**      **George Deeb Pres. 3-26-97**  
Sign in type 2 printed name of registered agent and title if applicable. (NOTE Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DEEB, GEORGE</b>
STREET ADDRESS	<b>5115 JEANNINE COURT</b>
CITY-ST-ZIP	<b>ORLANDO FL 32807</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DEEB, FRANCES</b>
STREET ADDRESS	<b>5115 JEANNINE COURT</b>
CITY-ST-ZIP	<b>ORLANDO FL 32807</b>
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 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.

SIGNATURE: **Frances E. Deeb**      **FRANCES E. DEEB**      **2-19-97**      **407-273-7799**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)