

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

PAY IT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P950U0050626 (7)

1. Corporation Name

MAGIC BAIL BONDS, INC.



Principal Place of Business

4218 S ORLANDO AVE  
SANFORD FL

Mailing Address

4218 S ORLANDO AVE  
SANFORD FL

3. Date Incorporated or Qualified

06/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

1575 NW 14th ST

4. FEI Number

65-0595410

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Miami FL

Zip

Country

Zip

Country

24

25

29

33125

30

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

10. Name and Address of New Registered Agent

CHAYKIN, LUCY P  
1575 NW 14 ST  
MIAMI FL 33125

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 607.1506, 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, typed or printed name of registered agent and the corporation

Signature, typed or printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME President  
STREET ADDRESS Russell Fairbairn  
CITY-STATE-ZIP 1575 NW 14 ST

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME Miami FL 33125

1.2 NAME

TITLE ☐ DELETE

NAME

1.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

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2.1 TITLE ☐ Change ☐ Addition

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NAME

2.2 NAME

TITLE ☐ DELETE

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2.3 STREET ADDRESS

TITLE ☐ DELETE

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2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

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3.1 TITLE ☐ Change ☐ Addition

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6.2 NAME

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6.3 STREET ADDRESS

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)