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

**FILED** May 12 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P95000050626 (7) DOCUMENT # MAGIC BAIL BONDS, INC. Principal Place of Business Mailing Address 4218 8 ORLANDO AVE 1575 NW 14TH ST. MIAMI FL 33125 SANFORD FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/26/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 3708 S. John Young Pkwy. 65-0595410 21 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Suite N1 Fee Regulred 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing Orlando, FL 23 Country Trust Fund Contribution Added to Fees Zip 32773 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 32839 USA 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name CHAYKIN, LUCY P Mark Goodman 1575 NW 14 ST 82 Street Add ress (P.O. Box Number is Not Acceptable) 3708 S. John Young Parkway **MIAMI FL 33125** 83 Suite N1 Zip Code 32839 Orlando 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 objection 607.0505, Florida Statutes Mark Goodman, President SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. X DELETE Change Addition TITLE 1.1 TITLE President FAIBISCH, RUSSELL NAME 1.2 NAME Mark Goodman CR2E034 1575 NW 14TH ST. 1.3 STREET ADDRESS STREET ADORESS 3708 S. John Young Parkway, Suite N1 **MIAMI FL 33125** 1.4 CITY-ST-ZIP CITY - ST- ZIP Orlando, FL 32839 Change DELETE 2.1 TITLE Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP Change DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS

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. 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 recoiver 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

6.4 CITY-ST-ZIP

5.4 CITY - \$1 - ZIP

61 TITLE

62 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Mark Goodman, President 4-28-98 (407) 423-7827

Change Addition