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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000077968 (2)

1. Corporation Name

REGISTRY MAGIC INCORPORATED



Principal Place of Business

Mailing Address

551 N.W. 14TH AVENUE
BOCA RATON FL 33486

551 N.W. 14TH AVENUE
BOCA RATON FL 33486-3229

3. Date Incorporated or Qualified
10/11/1995

3a. Date of Last Report
10/18/1996

2. Principal Place of Business

2a. Mailing Address

21 ONE SOUTH OCEAN BLVD.

26 ONE SOUTH OCEAN BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 206

27 SUITE 206

City & State

City & State

23 BOCA RATON, FL

28 BOCA RATON, FL

Zip

Country

Zip

Country

24 33432

25 USA

29 33432

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDER, JAMES M ESQ
200 EAST LAS OLAS BLVD,
SUITE 1900
FT. LAUDERDALE FL 33301

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

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 DS ☐ DELETE

NAME COHEN, LAWRENCE
STREET ADDRESS 551 N.W. 14TH AVENUE
CITY - ST - ZIP BOCA RATON FL 33486

1.1 TITLE DC ☒ Change ☐ Addition

TITLE DP ☐ DELETE

NAME NAWROCKI, WALT
STREET ADDRESS 551 N.W. 14TH AVENUE
CITY - ST - ZIP BOCA RATON FL 33486

1.2 NAME ONE SOUTH OCEAN BLVD, SUITE 206

TITLE D ☒ DELETE

NAME GORDON, TED
STREET ADDRESS 551 N.W. 14TH AVENUE
CITY - ST - ZIP BOCA RATON FL 33486

1.3 STREET ADDRESS BOCA RATON, FL 33432

TITLE D ☐ DELETE

NAME SPINDLER, PAUL
STREET ADDRESS 551 N.W. 14TH AVENUE
CITY - ST - ZIP BOCA RATON FL 33486

1.4 CITY - ST - ZIP DPS ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE ONE SOUTH OCEAN BLVD, SUITE 206

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

2.2 NAME BOCA RATON, FL 33432

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY - ST - ZIP ☒ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☒ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ONE SOUTH OCEAN BLVD SUITE 206

4.3 STREET ADDRESS BOCA RATON, FL 33432

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SANDRA B. MORTHAM

2/8/97
Date

561-367-0408
Daytime Phone #

CR2E034 (9/96)