AMOUNT BUG	IIUL: CORPORATIO	N WILL BE D 16: \$550 (IF DISS	ISSOLVED ON OLVED, MINIMUM	OR AFTE	R SEPTEMENT TO REMIST	BER 15,	1999.				
	PROFIT		FLO	RIDA DEP	ARTMENT (F STATE		}			
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1999 DIVISION OF CORPORATIONS							I				
DOCUMENT # P95000077968								99 OCT 19 P	H 7: 12		
REGISTRY MAGIC INCORPORATED								SECRETARY	FI STATE		
Principal Place of Business Mailting Address								F INDANDAL HID MIDT OUT I BONT D	Siti Obsit Obult tobit	LOTHE LEVIL OVID 101	
1 SOUTH OCEAN BLVD 1 SOUTH OCEAN BLVD STE 206 208								1 .			
BOCA RATON FL 33432 BOCA RATON FL 33432							DO NOT WRIT	E IN THIS SPA	CE		
US US								3. Date incorporated or Qualified			
2. Principal Place of Business 2a. Mailing Address								10/11/1995 4. FEI Number		Applied Fo	<u>-</u>
21		26					65-0623427		Not Applica		
Suite, Apt.		Suite, Apt. #, etc.					5. Certificate of Status Desired	\$	8.75 Additions Fee Required		
City & State	City & State			City & State				Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip	Count	Ŋ	Zip		Count	У		8. This corporation owes the curre			
24	9. Name and Addr	eee of Current	29 Pecietered Age	md .	30			Intangible Personal Property.	Ye		
ļ 			Megratared Age	416	 e	1 Name		10. Name and Address of New R	edistated vide		
SCHNEIDER, JAMES M ESQ						\$2 Street Address (P.O. Box Number is No			ble)		
200 EAST LAS OLAS BLVD, SUITE 1900					ָן בּ						
FT. LAUDERDALE FL 33301					•	3	1				
					1	4 City			FL.	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 site if applicable. (NOTE: Registered Agent signature regular strength agent and site if applicable.)											
12.		OFFICERS AND		(N	13.	Agent signal	nue usdriju	of when reinstating) ADDITIONS/CHANGES TO OFF	DATE	PECTORS IN	, 8
TITLE	DC			DELETE	1.1 TITLE	,	TPO				hition
NAME	COHEN, LAWREN	CE			1.2 NAME		BRI	ice Cartsmith	4.0.0		- 13
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NAME	SCOTT, MARTIN				4.2 NAME					<u></u>]
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14. I hereby ce indicated o	ertify that the information on this annual report or	supplied with th	nis filing does not	qualify for the	ha avemotic	a stated i	n sectio	n 119.07(3)(i), Florida Statutes, I furt	her certify that the	he information h: that I am	
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: Martin PScott 10/12/99(561)367-0408											
	/	PIPED ON PI		ORCIVER	ON DIRECTOR			Date	20,000		7



October 12, 1999

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Document #P95000077968

Gentlemen:

Please be advised that we previously submitted our Annual Report and paid the \$550 filing fee at the time or original submission. By some error, we neglected to list the titles of the new directors and sign the form, for which we apologize. We did not receive the form from you requesting that we correct these errors.

We are enclosing herewith a copy of the original form submitted, which now contains the previously excluded information and signature. We would appreciate your seeing to it that our company is reinstated immediately. Thank you in advance for your prompt attention to this matter.

Very truly yours,

REGISTRY MAGIC

Martin P. Scott Secretary

MPS:msr Enclosure