

AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

97 JAN 10 AM 9:36

DOCUMENT # P95000078005 (2)

1. Corporation Name

MAGIC MONEY, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Page 1 of 2

Principal Place of Business

Mailing Address

5353 NORTH FEDERAL HIGHWAY  
SUITE 101  
FT. LAUDERDALE FL 33308

5353 NORTH FEDERAL HIGHWAY  
SUITE 101  
FT. LAUDERDALE FL 33308

3. Date Incorporated or Qualified

3a. Date of Last Report

10/11/1995

4. FEI Number

☒ Applied For  
☐ Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROTTURA, JOSEPH P  
5353 NORTH FEDERAL HIGHWAY  
SUITE 101  
FT. LAUDERDALE FL 33308

81 Name

Joseph Vecchio

82 Street Address (R.O. Box Number is Not Acceptable)

2429 E-Commercial Blvd

83 Suite, Apt. #, etc.

Suite PH-A

84 City

Ft Lauderdale

FL

85 Zip Code

33208

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

8-28-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD  
DIACHENKO, HELEN  
STREET ADDRESS 5353 N. FEDERAL HWY #101  
CITY-ST-ZIP FT. LAUDERDALE FL 33308

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

600002058526--5

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\*\*\*375.00 \*\*\*375.00

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

REINSTATEMENT

1996

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

1/10/97

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 13 of this filing or in a subsequent filing with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-28-96

8-28-96

954 772 5132

**BEGGS & VECCHIO**  
ATTORNEYS AT LAW

*Page 2 of 2*

WILLIAM F. BEGGS  
JOSEPH A. VECCHIO, JR.

BARNETT BANK TOWER, PENTHOUSE SUITE A  
2929 EAST COMMERCIAL BOULEVARD  
FORT LAUDERDALE, FLORIDA 33308

TELEPHONE (954) 772-5132  
FAX (954) 772-9502

JANUARY 9, 1997

AMY ALAN  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

RE: MAGIC MONEY, INC.  
1996 ANNUAL REPORT

Dear Amy:

Pursuant to your telephone instructions, following is a reminder as you requested of the circumstances regarding captioned document and filing.

In August 1996 we furnished to you the captioned Original Report together with a check for \$375.00 for filing fee and reinstatement.

It appears that Number 11 of said form was not signed and dated; therefore the division return the form and check to the 5353 N. Federal Highway address for completion, etc.

We have contacted the individual at the Federal Highway address and they do not have the returned form and/or funds; nor has our check cleared our account.

You advised that if we would return to you the form letter sent along with the returned documents; the completed Annual Report and new check for \$375.00 the corporation would be reinstated in that it is pending completion, etc.

In that we do not have your form letter etc., we are enclosing herewith a copy of the Annual Report, re-signed by the officer/director and by the newly appointed resident agent, and a new check for \$375.00.

We would appreciate your consideration in reinstating this corporation and advising our office that this has been accomplished without further delay based upon the above information.

Yours very truly,

  
JOSEPH A. VECCHIO, JR.

JAV:JR/ENCL.  
CC: CLIENT