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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DOCUMENT #
1. Corporation Name

P95000078712 (3)

THE MAGIC SHOP, INCORPORATED

Principal Place of Business	Mailing Address
14400 SW 46TH COURT OCALA FL 34473	14400 SW 46TH COURT OCALA FL 34473



			OONER 11 34473					
							3. Date Incorporated or Qualified 10/07/1995 3a. Date of Last Report	
	lace of Business		Mailing Address				4. FEI Number Applied F	or
21 Suito Ast	A. ala	26				·-··-	Not Appl	
Suite, Apt.	# ₁ Θ(C.	1	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Addition	~~~
City & State	0	27			·		Fee Required	i
23	е	-	City & State				Election Campaign Financing \$5.00 May B	Je
Zip	Country	28	7:n	т			Trust Fund Contribution LJ Added to Fees	s
24	[25]	29	Zip	jes s	untry	•	8. This corporation has liability for intangible tax under s 199.032	4
11	g. Name and Address of Curren		tered Agent	30	T		Fiorida Statutes Yes No	
		· ricgio	icied Ageill		81	Name	10. Name and Address of New Registered Agent	
FAW I	ARRY D				"	INSTITE		
	SW 46TH COURT				82	Street A	Address (P.O. Box Number is Not Acceptable)	
	FL 34473				83	<u>.</u>		
OONLY	11 L 044/3				63			
					84	City	■■ 85 Zip Code	
11. Pursuant t	to the provisions of Sections 607 0502	and 60	7 1509 Florida Statuto	o the ph	\perp			
or register	ed agent, or both, in the state of Toric	a Such	change was authorize	by the	corp	named cor oration's b	proporation submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered agent. I	office
icirillar yy	and accept the obligations of, Section	on 607.0	0505, Florida Statutes.	/ .			The state of the s	1110
SIGNATURE	Signatu , typical of printy a name of registered agent	ILLU and title if a	innications NOT	-52	14	كرمية	Clast 5/2/86	
12.	OFFICERS AND			1 13.		. 0 51 20 40 100	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<u></u>
TITE	/D		☐ DELE1E	1.1	TITLE	·	Change Add	
NAME	FAW, LARRY D			1.2 N	AME		La Change La Aud	HOT
STREET ADDRESS	14400 SW 46TH COURT			1.3 S	TREET	ADDRESS		
CITY-ST-ZIP	OCALA FL 34473				DIY-S			
TITLE	D		DELETE	2 11			Change Add	ition
NAME	FAW, GENEVIEVE H			22 N	IAME			COL
STREET ADDRESS	14400 SW 46TH COURT			235	TREET	ADDRESS		
CITY-ST-ZIP	OCALA FL 34473				HY-SI			
TITLE	D		DELETE	3 1 1	TITLE		Change Addi	ition
NAME	HEFLER, ROGER H			3.2 N	IAME	1		
STREET ADDRESS	22 SEMINOLE PATH			3 3. 8	STHEET	ADDRESS		}
CITY-ST-ZIP	WILDWOOD FL			34C	IIY-S	- Z IP		
TITLE			DELFTE	4. 1 1	~		☐ Change ☐ Addi	tion
NAME				4.2 N	AME			
STREET ADDRESS				4.3 S	TREE1 ,	ADDRESS		
CITY - \$1 - ZIP				4 4 C	TY-\$1	- ZIP		
TITLE			DELETE	5. 1 7	ILE		Cnange Addi	tion
NAME				5.2 N	AME			
STREET ADDRESS				5.3 S1	TREE LA	ADDRESS		
CITY-ST-ZIP				5.4 CI	ITY-SI	- 712		
THILE			DELETE	6. 1 T			Change Addi	tion
NAME				6.2 N/	AME		_ visings _ Fiduli	
STREET ADDRESS				6.3 ST	TREET A	ADDRESS		
CITY-ST-ZIP				6.4 CI	ITY - ST	- 7IP		

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 appears in Block 12 or Block 13 if chapted, or an attachment with an address.

SIGNATURE:

ORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/0/96 904-347-3947