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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	#
 Corporation Name 	

P95000080585 (9)

BRT MAGIC, INC.

Principal Place of Business Mailing Address									
505 NORTH WEST 65TH COURT 506 N SUITE 200 SUITE		SUITE 200	506 NORTH WEST 65TH COURT SUITE 200 FORT LAUDERDALE FL 33309						
		FORT LAUDERDALE				3. Date Incorporated or Qualified 3a. Date of 10/19/1995			Last Report
2. Principal Place of E	Business	2a. Mailing Address				4. FEI Number			Applied For
		26				65-0614798		لــــــــــــــــــــــــــــــــــــــ	Not Applicable
Suite, Apt #, etc.		Suite, Apl. #, etc.				5. Certificate of Status Desired		— - · ·	5 Additional Required
City & State		Oity & State	<u>, </u>			Election Campaign Financing Trust Fund Contribution		Add	00 May Be ed to Fees
Zip	Country 25	Z ₁ ρ	30 Co	untry			s 🛮 No		199.032,
<u> </u>	Name and Address of Currer		1	Τ		10. Name and Address of New	Registered	Agent	
				81	Name				
LUCK, STEPH	IANIE			82	Stead Ad	dress (P.O. Box Number is Not Accepta	ble)		
EOCH, SIEFF	NEST 65TH COURT			52	SHEEL AS	urbas (1.0. Box Harrison to Harrison to	,		
	MESI OSITI COOMI			83					
SUITE 200	DOALE EL 20200							85	Zip Code
PORT LAUDE	RDALE FL 33309			84	City		FI	L °° '	p 0000
SIGNATURE	el system or printed marrie of respectores) a jed				ut sujnature rece	and was reastrop! ADDITIONS/CHANGES TO OF	DAN DAN	ID DIRECT	IORS IN 12
12.	OFFICERS AN	ND DIRECTORS	13	TITLE	T		1102.1074	Change	e Addit.or
TITLE						President Stephanic Luck			-
NAME			1	NAMÉ	I ADDRESS	Stephanic Luck 505 North West GS	th Con	Jch .	Suite 201
STREET ADDRESS					S! Z.P	Ft Lauderdale FL	3330	7	
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NIEC NIECE			5	2 NAME	<u>. </u>				

14. If do hereby certify that the information supplied with this fling 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 cartify that I am an observor or directed by the corporation or the receiver or frustee enhancement of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if manged are or an attachment with an address.

6 1 THE

6.2 NAME

5.3 STREET ADDRESS

€ 3 STREET ADDRESS

64 CiTY - ST - ZIP

SIGNATURE:

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

TITLE

NAME

TYPEO OR PRINTED NAME OF SIGNING

DELETE

Change Addition