## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 28 1997 8:00am Secretary of State

DOCUMENT # P95000097298 (0)  1. Corporation Name  MAGIC MASONRY, INC.  Principal Place of Business  Mailing Address					
6890 COMPASS CT Orlando Fl 32810		6890 COMPASS CT ORLANDO FL 32810-3854			
				3. Date incorporated or Qualified 12/20/1995	3a. Date of Last Report 07/02/1996
2. Principal Pl	lace of Business	2s. Mailing Address		4. FEI Number	Applied For
21		26		59-3356537	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State	·		Fee Required
23 Oily & Stair	¥	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for I	
24	25	29	30	Florida Statutes	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
KING, EDDIE H JR				De HKULTE	
6890 COMPASS CT			82 Street Add	ress (P.O. Boy Number is Not Acceptab	le)
UKL	ANDO FL 32810		83	O COMPS OF	n
			OR	Te 328/	
			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 phygations of, Section 607,0505, Florida Statutes.					
SIGNATURE	Eddie Herris I	EDGIS H KINEY	de		22, 1997
	Signature, typicd or printed ham to personed ago Or FICERS AND	rit and little if applicable (NO)	E. Registered Agent signature requ		EDC AND DIDECTORS IN 10
12.	D OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	DONAHUE, LYLE		1.2 NAME		
STREET ADDRESS	6890 COMPASS CT		1.3 STREET ADDRESS		
C/TY - S1 - ZIP	ORLANDO FL 32810		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	KING, EDDIE H JR		22 NAME		
STREET ADDRESS	6890 COMPASS CT		2.3 STREET ADDRESS		<del>18</del> .
CHY ST-ZIP	ORLANDO FL 32810	Decemen	2.4 CITY - ST - ZIP		
BILL		☐ DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
TITLE		DELETE	3.4. CiTY - ST - 2IP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY+ST+7i₽			4.4 CITY - ST - ZIP		<b>_</b>
TifLE		DELETE	51 TITLE		Change Addition
NAMI			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-ST-ZIP		[ ] beleve	5.4 CITY-ST-ZIP		Change
THE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAM!			6.2 NAME		
STREET ADDRESS OTY-ST-Z-P			6.3 STREET ADDRESS		
	by certify that the information supplied	d with this filing does not qual	64 City-ST-ZIP ify for the exemption state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify that the

4. 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 flurther 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 effects affined 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** 

IGNATURE AND TYPED ON PONTEY NAME OF BIGNING OFFICER OR DIRECTOR

Pope 22, 1997 (40 \$5723305