

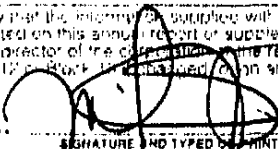
May-01-1997 09:35

ALLEN H. KORMELIN, P.A.

PAY NOW. FILING FEE AFTER MAY 1 IS \$300.00

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000097944 1. Corporation Name Magic Optical, Inc.			
2. Principal Place of Business 6200 Silver Star Rd. Orlando, Fla. 32808		3a. Mailing Address Same	
21. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified	3b. Date of Last Report
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. SI Number	4b. Applied For (Not Applicable)
23. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing (Not Fund Contribution)	\$5.00 May Be Added To Fees
25. Country	29. Country	7. This corporation has liability for intangible tax under s. 189.032 Florida Statutes	☒ Yes ☐ No
9. Name and Address of Current Registered Agent Neil K. Sherwood 6200 Silver Star Rd. Orlando, Fla. 32808		10. Name and Address of New Registered Agent	
11. I, the undersigned, certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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 will have the same legal effect as if made under oath. I am an officer or director of the corporation and receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in block 12 of Block 13 in this report as an attachment with an address.		12. OFFICERS AND DIRECTORS	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME 12.2 STREET ADDRESS 12.3 CITY - ST - ZIP 12.4 TITLE 12.5 NAME 12.6 STREET ADDRESS 12.7 CITY - ST - ZIP 12.8 TITLE 12.9 NAME 12.10 STREET ADDRESS 12.11 CITY - ST - ZIP 12.12 TITLE		13.1 NAME 13.2 STREET ADDRESS 13.3 CITY - ST - ZIP 13.4 TITLE 13.5 NAME 13.6 STREET ADDRESS 13.7 CITY - ST - ZIP 13.8 TITLE 13.9 NAME 13.10 STREET ADDRESS 13.11 CITY - ST - ZIP 13.12 TITLE	
14. I, the undersigned, certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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 will have the same legal effect as if made under oath. I am an officer or director of the corporation and receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in block 12 of Block 13 in this report as an attachment with an address.		15. 300002179363 -05/15/97--01010--035 ***165.00	
SIGNATURE: 		16. 3-30-97 (401) 296-9500	