

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1998



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

FILED

98 DEC 10 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000040395 (1)

1. Corporation Name

MAGIC FINGERS OF AMERICA, INC.

Principal Place of Business

3757 CHASE AVENUE
BEACH FL 33140

Mailing Address

3757 CHASE AVENUE
MIAMI BEACH FL 33140

2. Principal Place of Business

2a. Mailing Address

26 347 14TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28 SAN FRANCISCO, CA

Zip

Country

25

Zip

29 94118

Country

30

3. Date Incorporated or Qualified

05/09/1996

4. FEI Number

65-0669405

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBBINS, DANIEL
3757 CHASE AVENUE
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name

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

83

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 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

12.

OFFICERS AND DIRECTORS

TITLE

P

☐ DELETE

NAME

ROBBINS, ALBERT H

STREET ADDRESS

77837 WOODHAVEN DRIVE S

CITY-ST-ZIP

PALM DESERT CA 92211

TITLE

ST

☐ DELETE

NAME

ROBBINS, LEA

STREET ADDRESS

77837 WOODHAVEN DRIVE S

CITY-ST-ZIP

PALM DESERT CO 92211

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

900002712559--1

1.3 STREET ADDRESS

-12/15/98--01033--021

1.4 CITY-ST-ZIP

****150.00 ****150.00

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

B 12/11/98 AR

14. I 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2

Magic Fingers of America, Inc.
347 14th Ave.
San Francisco, CA. 94118
800-435-3072

December 7, 1998

**Florida Department of State
Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

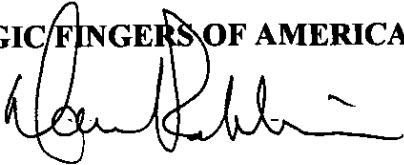
To Whom it May Concern:

Per my conversation today with your department, we are enclosing a check in the amount of \$150.00 for the filing fee. This is due to the fact that this "second notice" was just received by us last week. We are no longer located at the 3757 Chase Ave. Miami Beach address. We relocated from there in March, 1998. We notified your office of such move at that time. The new address has been changed per the enclosed form and we would appreciate your changing the address to reflect such.

We thank you for your assistance in this matter and should you require any additional information from us, please feel free to do so by calling our toll free number.

Sincerely,

MAGIC FINGERS OF AMERICA, INC.



by: Daniel J. Robbins