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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000048158 (5)

1. Corporation Name
FLORIDA'S MAGIC SUN, INC.

Principal Place of Business
3956 TOWN CENTER BOULEVARD, SUITE 142
ORLANDO FL 32837

Mailing Address
3956 TOWN CENTER BOULEVARD, SUITE 142
ORLANDO FL 32837-6116

3. Date Incorporated or Qualified 06/05/1996
3a. Date of Last Report

2. Principal Place of Business
21 7061 GRAND NATIONAL DRIVE
Suite, Apt. #, etc.
22 Suite 105F
City & State
23 ORLANDO, FL
Zip Country
24 32819 25 USA
2a. Mailing Address
26 200 E. ROBINSON STREET
Suite, Apt. #, etc.
27 Suite 500
City & State
28 ORLANDO FL
Zip Country
29 32801 30 USA

4. FEI Number 59-3381696
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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name FLORIDA CORPORATE SUPPORT, INC
82 Street Address (P.O. Box Number is Not Acceptable) 200 E. ROBINSON STREET, STE 500
83
84 City ORLANDO FL 85 Zip Code 32801

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 BY: FLORIDA CORPORATE SUPPORT, INC. ASST. SECY. April 25, 1997
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE PD
NAME HUMPIERRES, MIGUEL E
STREET ADDRESS 3956 TOWN CENTER BOULEVARD, SUITE 142
CITY-ST-ZIP ORLANDO FL 32837
TITLE VST
NAME HUMPIERRES, ELIZABETH
STREET ADDRESS 3956 TOWN CENTER BOULEVARD, SUITE 142
CITY-ST-ZIP ORLANDO FL 32837
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P/S/T/D
1.2 NAME
1.3 STREET ADDRESS 7061 GRAND NATIONAL DRIVE, STE 105F
1.4 CITY-ST-ZIP ORLANDO, FL 32819
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 Required 4/25/97 (407) 8264092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)