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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90020 013 ***150.00

DOCUMENT #	P96000048158
Corporation Name	1 00000040100

FLORIDA'S MAGIC SUN, INC.

Principal Place of Business Mailing Address							l (301(63) tin ighte mitt ment Hålt hust adhit mi	15 4 1818) 1188(81181 (811 1881	
7061 GRAND NATIONAL DR SUITE 105F ORLANDO FL 32819 7061 GRAND NATIONAL DR SUITE 105-F ORLANDO FL 32819 ORLANDO FL 32819			. DR				DO NOT WRITE IN THIS SPACE			
US		US				j	3. Date Incorporated or Qualifed 06/05/1996			
2. Principal F	Place of Business	2a. Mailing Address					4. FEI Number	Ap	plied For	
21		26					<u>59-3381696</u>		t Applicable	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certifcate of Status Desired				-	\$8.75 Additional Fee Required	
City & Sta	te	City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
Zip	Country 25	Zip 29	Co:	untry			8. This corporation owes the current year Intangible Personal Property Tax. No No			
24	9. Name and Address of Cui		1441			1/1	0. Name and Address of New Registered A	gent		
				81	Name	İ		_		
FLO	rida corporate support	INC		82	Street	Addross	(P.O. Box Number is Not Acceptable)			
200	E ROBINSON ST SUITE 500			02	Street	Address	(F.O. Box Number is Not Acceptable)			
ORL	ANDO FL 32801			83						
				84	City		FL	85 Zip (Code	
office or r	to the provisions of Sections 607. registered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change was	s authorize	d bv	the corpo	corporat oration's	tion submits this statement for the purpose of c board of directors. I hereby accept the appoint	hanging its ment as re	registered gistered	
SIGNATURE							en reinstatino) DATE			
40	Signature, typed or printed name of registered	AND DIRECTORS	OTE: Registere		nt signature n	required whe	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
12.	P	DELETE	1.1 7	_		1	ADDITIONO OF A TOTAL AND A TOT	Change	Addition	
NAME	HUMPIERRES, MIGUEL E			AME	Ì					
STREET ADDRESS	THE PERSON NAMED IN COLUMN ASSET				ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32819	, WILL IVI								
TITLE	VTS	☐ DELETE		1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition	
NAME	HUMPIERRES. ELISABETH			2.2 NAME					. {	
STREET ADDRESS				2.3 STREET ADDRESS		[
CITY-ST-ZIP	ORLANDO FL 32819	, ·	2.40	CITY-S	ST-ZIP					
TITLE		☐ DELETE	3.1 T	TLE				Change	☐ Addition	
NAME	HUMPIERRES, Eli	SABETH	3.2 N	AME					ĺ	
STREET ADDRESS		ONALDY. Ste. 105	F 3.3 S	TREET	ADORESS					
CITY-ST-ZIP	Orlando, FI .	32 <u>819</u>		CITY-S	T-ZIP					
TITLE	6	☐ DELETE	4.1 T	ITLE				Change	☐ Addition	

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 suppliemental 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, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

□ DELETE

HUMPIERRES, ElisaBETH 2061 GRAND MATIONAL Dr. Ste. 105 F

Change

☐ Change

☐ Addition

Addition