


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

FILED

May 23 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 # P96000082733 (2)			
1. Corporation Name EVENT MAGIC, INC.			
Principal Place of Business 1020 VINE ST. JACKSONVILLE FL 32207 8934 San Rae Rd Jacksonville, FL 32257		Mailing Address 1020 VINE ST. JACKSONVILLE FL 32207 8934 San Rae Rd Jacksonville, FL 32257	
2. Principal Place of Business 21 8934 San Rae Rd Suite, Apt. #, etc. 22 City & State 23 Jacksonville, FL Zip Country 24 32257 25 USA		2a. Mailing Address 26 8934 San Rae Rd Suite, Apt. #, etc. 27 City & State 28 Jacksonville, FL Zip Country 29 32257 30 USA	
3. Date Incorporated or Qualified 09/19/1996		3a. Date of Last Report 09/19/1996	
4. FEI Number 59-3402844		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent STAMFORD, CYNTHIA L 1235 ELM ST. ORANGE PARK FL 32073		10. Name and Address of New Registered Agent 81 Kirschner, Main, Graham, Tanner & Demott 82 Street Address (P.O. Box Number is Not Acceptable) One Independent Dr 83 Suite 2000 84 City Jacksonville FL 85 Zip Code 32202	
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 <i>James J. Mann V.P.</i> DATE 5/6/97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME VOGEL, JULIE STREET ADDRESS 8934 SAN RAE RD. CITY-ST-ZIP JACKSONVILLE FL 32257		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE NAME JOHNSON, REGINA STREET ADDRESS 14107 WEAVERLY FALLS LN. W. CITY-ST-ZIP JACKSONVILLE FL 32224		2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME President 2.3 STREET ADDRESS 8934 San Rae Rd 2.4 CITY-ST-ZIP Jacksonville, FL 32257	
TITLE <input checked="" type="checkbox"/> DELETE NAME VANZANDT, CRAIG STREET ADDRESS 1328 VINE ST. CITY-ST-ZIP JACKSONVILLE FL 32207		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE NAME MEHAR, SEAN STREET ADDRESS 1328 VINE ST. CITY-ST-ZIP JACKSONVILLE FL 32207		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: <i>Julie Vogel</i>		DATE 5/12/97 DAYTIME PHONE # 7047332862	

CR2E034 (9/96)