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Apr 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000096383 (0)

1. Corporation Name
MAGICVISION, INC.

Principal Place of Business
2104 ELLE CHASE CIRCLE
TAMPA FL 33634

Mailing Address
P O BOX 1629
TAMPA FL 33601



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/25/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3417074	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCAULAY, S L 2104 ELLE CHASE CIRCLE TAMPA FL 33634				10. Name and Address of New Registered Agent	
81	Name	E. G. MOKAKAD			
82	Street Address (P.O. Box Number is Not Acceptable)	2104 BELLE CHASE CIRCLE			
83					
84	City	TAMPA	FL	85	Zip Code 33634

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 E. G. MOKAKAD DATE 2-10-1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	
NAME	LIGON, RICHARD	1.2 NAME	
STREET ADDRESS	PO BOX 1629	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	MOKAKAD, EG	2.2 NAME	
STREET ADDRESS	2104 KLE HOSE CR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	CFO	3.1 TITLE	
NAME	SXAPLETON, GANY	3.2 NAME	
STREET ADDRESS	1112 NE R 1 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	FULSHER, ALLAN	4.2 NAME	
STREET ADDRESS	1112 NE 21 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 E. G. MOKAKAD, DIRECTOR DATE 2-10-1998 813-886-4617

CR2E034 (10/97)