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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000008678**

1. Corporation Name MAGIC FURNITURE, INC.

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90049 003 ***150.00



									,,,,	Kille ibita A	1656 (888) (\$6) 188
Pri	incipal Place	e of Business	Mai	ling Address			}				
256	W. 29 ST.	•		W. 29 ST.							
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1								Date Incorporated or Qualifed 01/29/1997			
2.	Principal Pl	lace of Business	2a.	Mailing Address			4.	FEI Number			Applied For
21		٠	26					65-072 <u>55</u> 99			Not Applicabl
	Suite, Apt. #, etc.			Suite, Apt. #, etc.			.	Certifcate of Status Desired			5 Additional
22		27	27				Controdic of Cidido Desired		Fee_	Required	
	City & State			City & State			6.	Election Campaign Financing		\$5,0	0 May Be /
23	3		28	28				Trust Fund Contribution		A/de	ed to Fee
	Zip Country			Zip Country			8.	This corporation owes the cur-	rent year Inta	ngjøle	
24		25 29		3	30			Personal Property Tax.		▼ Yes	
		9. Name and Address of C	urrent Registe	ered Agent			10.	Name and Address of New	Registered A	gent	
					81	Name				•	
		va, Luis			82	Strant	Address /P	O. Box Number is Not Accept	able)		
		W. 29 ST.			82	Jueer	. Audies» (F	.c. Dox Number is Not Accept			
	HIAL	.EAH FL: 33010		•	83			 -			
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					84	1			FL		ip Code
11	. Pursuant	to the provisions of Sections 60	7.0502 and 60	7.1508, Florida Statutes	, the abov	e-named	corporation	submits this statement for the	purpose of o	hanging	its registered
	office or re	registered agent, or both, in the im familiar with, and accept the	State of Florida obligations of 5	a, Such change was aut Section 607.0505, Florid	nonzed by la Statute:	r the corp 3.	oration 5 DC	ald of directors. I hereby acce	pr me appoin	ullient as	registered
	-										
31	GNATURE	Signature, typed or printed name of register	red agent and title if	applicable. (NOTE: R	egistered Age	nt signature	required when r		DATÉ		
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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 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,

SIGNATURE: