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

2a. Mailing Address

City & State

28

29

Suite, Apt. #, etc.

PROFIT CORPORATION **ANNUAL REPORT 1998** DOCUMENT #

2. Principal Place of Business

Sulte, Apt. #, etc

City & State

23

Zip

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000086403 (7)

MAGIC TOUCH LANDSCAPING, INC.

Country

AMERILAWYER CHARTERED

9, Name and Address of Current Registered Agent

<u> </u>		
Principal Place of Business	Mailing Address	t in sticket und retit til für nestet ebtit ebtit ebtit ebtit ettit ebtite ettit ebtite ettit
3613 WILTS STREET ORLAND FL 32805	3613 WILTS STREET ORLANO FL 32805	DO MOT INDITE IN THIS ADARE

Country

30

FILED May 11 1998 8:00am Secretary of State

TOURIST HER HEID HALL BRING SHALL SHOULD HER STATES HER STATES HER STATES AND SECTION OF
DO NOT WRITE IN THIS SPACE
Date Incorporated or Qualified
10/07/1997

8. This corporation owes or has paid the current year Intangible

59-3412732

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

343 ALMERIA AVENUE CORAL GABLES FL 33134			82	82 Street Address (P.O. Box Number is Not Acceptable)			
00	NAT CADICO LE 20104		83	Orlands			
			84	City ORIAND	FL 85 Zip (Code	
office or r	to the provisions of Sections 607 0502 and 60 egistered agent, or both, in the State of Florids myrmiliar with, and accept the phligations of,	a. Such change was au	uthorized by	e-named corporation submits this state the corporation's board of directors.	tement for the purpose of changing its	s registered	
SIGNATURE	Signature, typed or punied harne of registered agent and their	> ~		n; signature required when reinstating)	4/30/98		
12.	OF LICERS AND DIRECT		13.		IGES TO OFFICERS AND DIRECTOR	S IN 12	
TITLE	PD	DELETE	1.1 TITLE		Change	☐ Addition	
NAME	ROBERSON, MARVIN V		1.2 NAME				
STREET ADDRESS	3613 WILTS STREET		1.3 STREET	ADDRESS			
CITY-ST-ZIP	ORLANO FL 32805	_	1.4 DITY-S1	.T-ZIP			
TITLE	STD	DELETE	2.1 TITLE	370	Change	☐ Addition	
RAME	R ÒB ERSON, CYNTHIA		2.2 NAME	Eynthia Be	.11		
STREET ADDRESS	3813 WILTS STREET		2.3 STREFT	ADDRESS 3802 WITS SI-ZIP ON AND PL	STILLE)	
CITY-ST-ZIP	ORLANO FL 32805		2.4 CITY-S	ST-ZIP ON AIDE FL	32/9		
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NAME			3.2 NAME			}	
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			34. CITY+S	iT-ZIP			
TITLE		DELETE	41 TITLE		☐ Change	☐ Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS		İ	
CITY-ST-ZIP			4.4 CITY - ST	T-ZIP			
TITLE		DELETÉ	5.1 TITLE		Change	Addition	
NAME			5.2 NAME	ļ			
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST	(-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition	
NAME			6.2 NAME	[
STREET ADDRESS			6.3 STREET				
CITY-ST-ZIP	The State of the S		64 CITY-ST		Charles III all and a series of the series o		
indicated	ertify that the information supplied with this fili on this annual report or supplemental annual r director of the corporation or the receiver or th	eport is true and accur	rate inti tha	at my signature shall have the same k	egal effect as if made under oath; tha	ntlam an 🏻	