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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000093133

1. Corporation Name
MAGIC WALLET CORPORATION



Principal Place of Business
 2160 NORTHEAST 56TH PLACE
 FT LAUDERDALE FL 33309

Mailing Address
 2160 NORTHEAST 56TH PLACE
 FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/30/1997

2. Principal Place of Business
 21 521 SE 18th AVE.

2a. Mailing Address
 26 521 SE 18th AVE.

4. FEI Number
65-0796074

Applied For
 Not Applicable

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
 23 **POMPANO BEACH - FL**

City & State
 28 **POMPANO BEACH, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country
 24 **33060** 25 **BROWARD**

Zip Country
 29 **33060** 30 **BROWARD**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
PSTD
 NAME **LAVIGNE, ARLETTE**
 STREET ADDRESS **2160 NORTHEAST 56TH PLACE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33309**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **521 SE 18th AVE.**
 1.4 CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE DELETE
 NAME **VD**
 NAME **LAVIGNE, JOHN**
 STREET ADDRESS **2160 NORTHEAST 56TH PLACE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33309**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS **521 SE 18th AVE**
 2.4 CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE: *Arlette Lavigne* **ARLETTE LAVIGNE** 4.2.99 (954) 941-6938
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)