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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000002509

1. Corporation Name

MAGIC DREAMPILLOW, INC.

Mailing Address

## **FILED** Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90090 001 \*\*\*150.00



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Mailing Address  2b. Colorial Dy 2b. 26 - PO BOX 2067  #, etc.  Suite, Apt. #, etc.  City & State  2b. Country  2city & State  2country  2city & State  2city  3country  2city & State  2city & State  2city  3city & State  3city  3city  4city  4city	3. Date Into 01/02/ 3. Date Into 01/02/ 3. Date Into 01/02/ 4. FEI Nur 26 PO BOY 2067 59- 4. etc. 5. Certifica  City & State 28 OV ANDO FL 32801  81 Name  82 Street Address (P.O. Boy ANDO FL 32801  83  84 City Mando  To the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submitted in familiar with, and accept the official south of Section 607.0505, Florida Statutes.	ORLANDO FL 32801  DO NOT W  3. Date Incorporated or Qualification of Business  E. Columber 2a. Mailing Address  #, etc.  Suite, Apt. #, etc.  City & State 2b. Country  Zip 28 U2-20150  P. Name and Address of Current Registered Agent  BS, JULIA A  EAST CENTRAL BLVD.  ANDO FL 32801  DO NOT W  3. Date Incorporated or Qualification of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the geistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby act of statutes.  DO NOT W  3. Date Incorporated or Qualification of Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the geistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby act in applies with, applications of, Section 607.0505, Florida Statutes.	ORLANDO FL 32801  DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed 01/02/1998  4. FEI Number 59-3489166  #, etc. Suite, Apt. #, etc. 27  Country 28  Country 29  Country 29  22  Country 32  Country 4. Election Campaign Financing Trust Fund Contribution  Trust Fund Contribution  Personal Property Tax.  9. Name and Address of Current Registered Agent  BS, JULIA A EAST CENTRAL BLVD. ANDO FL 32801  Represented to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appoint for figure and the propose of egistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appoint figure authorized by the corporation's board of directors. I hereby accept the appoint figure authorized by the corporation's board of directors. I hereby accept the appoint figure authorized by the corporation's board of directors. I hereby accept the appoint figure authorized by the corporation's board of directors. I hereby accept the appoint figure authorized by the corporation's board of directors. I hereby accept the appoint figure authorized by the corporation's board of directors. 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FEI Number 59-3489166 No. 88.75 Fee Re Colorial DV 28 P0 B04 2067  Suite, Apt. #, etc. 27  City & State 28 OV And OF 28 OV And OF 29 32802-20130  Country 29 32802-20130  Country 39 Name and Address of Current Registered Agent  BS, JULIA A EAST CENTRAL BLVD. ANDO FL 32801  ACTIVE FUNCTION FL 32801  DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed 01/02/1998  4. FEI Number 59-3489166 No. 88.75 Fee Re 6. Election Campaign Financing Trust Fund Contribution Added Personal Property Tax. Yes 9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  40 City 40 City 40 Country 41 Name 42 City 43 City 44 City 45 City 46 City 47 Country 48 State 47 City 48 State 48 City 49 Street Address (P.O. Box Number is Not Acceptable) 40 City 40 Country 40 Country 40 City

14. I hereby certify that the information supplied with this filling 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 an an attainment with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR