

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

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

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

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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.



Principal Place of Business  
215 EAST CENTRAL BLVD.  
ORLANDO FL 32801

Mailing Address  
215 EAST CENTRAL BLVD.  
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 400 E. Colonial Dr  
Suite, Apt. #, etc.  
22 1710  
City & State  
23 Orlando, FL  
Zip  
24 32803 Country  
25 USA

2a. Mailing Address  
26 PO Box 2067  
Suite, Apt. #, etc.  
27  
City & State  
28 Orlando, FL  
Zip  
29 32802-2067 Country  
30 USA

3. Date Incorporated or Qualified  
01/02/1998

4. FEI Number  
59-3489166 Applied For  
Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

HOBBS, JULIA A  
215 EAST CENTRAL BLVD.  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name Hobbs, Julia A.  
82 Street Address (P.O. Box Number is Not Acceptable)  
400 E. Colonial Dr. #1710  
83  
84 City Orlando FL 85 Zip Code  
32803

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

1-15-99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	HOBBS, JULIA A	215 EAST CENTRAL BLVD.	ORLANDO FL 32801	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-99 407-481-8098

CR2E034 (11/98)