


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

02-24-1999 90005 010 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine M. Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P98000023441</b>			
1. Corporation Name <b>PC MAGICIAN, INC.</b>			
Principal Place of Business <b>11212 HURN COURT</b> <b>ORLANDO FL 32837</b>		Mailing Address <b>11212 HURN COURT</b> <b>ORLANDO FL 32837</b>	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <b>21 11212 HURN COURT</b>		2a. Mailing Address <b>26 11212 HURN COURT</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23 ORLANDO, FLORIDA</b>		City & State <b>28</b>	
Zip <b>24 32837</b>		Zip <b>29</b>	
Country <b>25 USA</b>		Country <b>30</b>	
9. Name and Address of Current Registered Agent <b>RIVOSECCHI, PAUL</b> <b>11212 HURN COURT</b> <b>ORLANDO FL 32837</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PRESIDENT</b> <input type="checkbox"/> DELETE NAME <b>PAUL RIVOSECCHI</b> STREET ADDRESS <b>11212 HURN COURT</b> CITY-ST-ZIP <b>ORLANDO, FLORIDA 32837</b>	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/99

Date

Daytime Phone #

251-1733 ~ 851-3343

CR2E034 (11/98)