

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90100 003 ***150.00

PROFIT CORPORATION

ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION-OF-CORPORATIONS

1999 DOCUMENT # P98000066817

1. Corporation																				
MAGIC V	nand Cl	.EAN	iing serv	nces, 11	NC.											4844 84				
												[]								
Principal Place	of Busines	5			Mailin	g Addres	SS													
10108 BROWNWOOD AVE. 10108 BROWNWOOD AVE. ORLANDO FL 32825 ORLANDO FL 32825											ļ									
ONDOWO IE S	NE.CREAT													DO N	OT WR	TE IN TH	IS SPA	E		_
								,		•			Incorporal 7/1998	ted or C	Qualifed					
2. Principal Place of Business 2s						ailing Ad	dress	_				4. FEI N	umber					Ap	olled For	7
21				20	26						59-3537850 Not					Applicable]			
Suite, Apt. #, etc.				2	Suite, Apt. #, etc.						5. Certif	cate of St	atus De	sired			8.75 A	dditional quired		
	City & State					ity & Stat	te		-			6. Electi	on Campa	olga Fla	anding		\$	5.00	May Be -	1
23				21	28							Trust Fund Contribution Added to					o Fees	.]		
Zip			Country		Zip	þ			Country				orporation			ent year l			□No	
24		25		25	9			30				10. Name	nal Prope				X		<u> </u>	4
	9. Name	and	Address of C	urrent Rec	gister	ed Agen	<u> </u>		81	Name		10. Nam	and Adi	niesz c	I NOW I	redister c	o vilan	<u>'</u>		٦.
PR7I	ECLAWSKI	MIC	HAFI.																	4
1010	8 Brown	WOO	D AVE.					82	Street	Addres	ss (P.O. Bo	x Number	r is Not	Accept	able) 					
. ORL	ANDO FL	3282	5						83											}
									84	City						F				7
11. Pursuant	to the provis	ions o	of Sections 607	7.0502 and	1 607.1	1508, Fk	orida Statut	93, th	18 above	e-named	corpor	ation subm	its this st	aleman	t for the	purpose	of chark	ing its	registered	
office or n	enistered ad			State of Flo										I Derei	w arro	nt true aloc	XXIIIIMEL	(S2 LAS	luzraian	
ones i s	m familiar w	ith an	ir godin, in une a ori siccent the n	hlications	onga. t	Such cha action 60	ап де was a 7.0505. Flo	utnor rida S	izao by Statules	the corp	oration	S DOBIU O	uli ector 5.		,	,, -,,-	-	•		}
I	m familiar w	ith, an	of Sections 607 or both, in the S ad accept the o	obligations	onda. S of, Se	Such cha ection 601	апде was a 7.0505, Flo	utnor rida \$	ized by Statules	the corp	oration	i s board of	uii decoi s.	,	.,		_			
agent. I a			ad name of register	ed agent and t	itie if app	plicable.		Regis	stered Áger			when reinstating	3)			DATE	_			Í
I	Signature, typed		ad name of register		itie if app	ORS	(NOTE	Regis	stored Ager 13.			when reinstating				DATE	AND DII	RECTO	RS IN 12	1400)
SIGNATURE	Signature, typed	l or print	of name of registers OFFICER	ed agent and t	itie if app	ORS		Regis	dered Ager 13. 1.1 TITLE			when reinstating	3)			DATE	AND DII			1
SIGNATURE	D PRZECLA	or print	OFFICER	ed agent and the SAND DIII	itie if app	ORS	(NOTE	Regis	Hared Ager 13. 1.1 TITLE 1.2 NAME	nt signature		when reinstating	3)			DATE	AND DII	RECTO	RS IN 12	1
SIGNATURE 12. TITLE NAME STREET ADDRESS	D PRZECLA 10108 BR	WSK ROWI	OFFICER II, MICHAEL WOOD AVE	ed agent and the SAND DIII	itie if app	ORS	(NOTE	Regis	HOVE AGE 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature		when reinstating	3)			DATE	AND DII	RECTO	RS IN 12	20E024 (11 kgs)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRZECLA	WSK ROWI	OFFICER II, MICHAEL WOOD AVE	ed agent and the SAND DIII	itie if app	ORS	DELETE	Regis	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-8	nt signature		when reinstating	3)			DATE	AND DI	RECTO	RS IN 12	DOE034 /11
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D PRZECLA 10108 BR	WSK ROWI	OFFICER II, MICHAEL WOOD AVE	ed agent and the SAND DIII	itie if app	ORS	(NOTE	Regis	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-8 2.1 TITLE	nt signature		when reinstating	3)			DATE	AND DI	RECTO hange	RS IN 12	DOE034 /11
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D PRZECLA 10108 BR	WSK ROWI	OFFICER II, MICHAEL WOOD AVE	ed agent and the SAND DIII	itie if app	ORS	DELETE	Regis	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-8 2.1 TITLE 2.2 NAME	rt signature TADDRESS T-ZIP		when reinstating	3)			DATE	AND DI	RECTO hange	RS IN 12	DOE034 /11
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D PRZECLA 10108 BR	WSK ROWI	OFFICER II, MICHAEL WOOD AVE	ed agent and the SAND DIII	itie if app	ORS	DELETE	Regio	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-8 2.1 TITLE 2.2 NAME 2.3 STREET	rt signature T ADDRESS T-ZIP T ADDRESS		when reinstating	3)			DATE	AND DI	RECTO hange	RS IN 12 Addition	CD0E034 /11
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRZECLA 10108 BR	WSK ROWI	OFFICER II, MICHAEL WOOD AVE	ed agent and the SAND DIII	itie if app	ORS	DELETE	Ragis	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-8 2.1 TITLE 2.2 NAME	rt signature T ADDRESS T-ZIP T ADDRESS		when reinstating	3)			DATE	AND DII	RECTO hange	RS IN 12	CD0E034 /11
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D PRZECLA 10108 BR	WSK ROWI	OFFICER II, MICHAEL WOOD AVE	ed agent and the SAND DIII	itie if app	ORS	OELETE DELETE	Region 1	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-8 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	rt signature T ADDRESS T-ZIP T ADDRESS		when reinstating	3)			DATE	AND DII	RECTO thange	RS IN 12 Addition	CD0E034 /11
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	D PRZECLA 10108 BR	WSK ROWI	OFFICER II, MICHAEL WOOD AVE	ed agent and the SAND DIII	itie if app	ORS	OELETE DELETE	Page	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	rt signature T ADDRESS T-ZIP T ADDRESS	required v	when reinstating	3)			DATE	AND DII	RECTO thange	RS IN 12 Addition	CD0E034 /11
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D PRZECLA 10108 BR	WSK ROWI	OFFICER II, MICHAEL WOOD AVE	ed agent and the	itie if app	ORS	OELETE DELETE	Registr	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS T ADDRESS T - ZIP T ADDRESS TT - ZIP	required v	when reinstating	3)			DATE	AND DII	RECTO thange thange	RS IN 12 Addition Addition	C02E034 (11
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	D PRZECLA 10108 BR	WSK ROWI	OFFICER II, MICHAEL WOOD AVE	ed agent and the	itie if app	ors	OELETE DELETE	Regis	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.3 STREET	T ADDRESS T ADDRESS T - ZIP T ADDRESS TT - ZIP	required v	when reinstating	3)			DATE	AND DII	RECTO thange	RS IN 12 Addition	C02E034 (11
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRZECLA 10108 BR	WSK ROWI	OFFICER II, MICHAEL WOOD AVE	ed agent and the	itie if app	ors	DELETE DELETE DELETE	Regis	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 3.4 CITY-S 3.4 CITY-S 3.4 CITY-S 3.4 CITY-S 3.4 CITY-S	T ADDRESS T ADDRESS T - ZIP T ADDRESS TT - ZIP	required v	when reinstating	3)			DATE	AND DII	RECTO thange thange	RS IN 12 Addition Addition	C02E034 (11
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D PRZECLA 10108 BR	WSK ROWI	OFFICER II, MICHAEL WOOD AVE	ed agent and the	itie if app	ors	DELETE DELETE DELETE	Regis	13. 11 TITLE 12 NAME 13 STREET 14 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-5 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-5 4.1 TITLE 4.2 NAME	T ADDRESS T ADDRESS T - ZIP T ADDRESS TT - ZIP	required v	when reinstating	3)			DATE	AND DII	RECTO thange thange	RS IN 12 Addition Addition	C02E034 (11
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	D PRZECLA 10108 BR	WSK ROWI	OFFICER II, MICHAEL WOOD AVE	ed agent and the	itie if app	ORS	DELETE DELETE DELETE	Programme Andrews Andr	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.3 NAME 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 4.4 CITY-S	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	required v	when reinstating	3)			DATE	AND DII	RECTO hange	RS IN 12 Addition Addition Addition	CB2E034 (11
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D PRZECLA 10108 BR	WSK ROWI	OFFICER II, MICHAEL WOOD AVE	ed agent and the	itie if app	ORS	DELETE DELETE DELETE	1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY-S 3.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 4.5 TITLE 4.5 TITLE 4.6 TITLE 4.7 TITLE	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	required v	when reinstating	3)			DATE	AND DII	RECTO thange thange	RS IN 12 Addition Addition	CB2E034 (11
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRZECLA 10108 BR	WSK ROWI	OFFICER II, MICHAEL WOOD AVE	ed agent and the	itie if app	ORS	DELETE DELETE DELETE	Registration of the second of	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.3 STREET 3.4 CITY-S 3.4 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.2 NAME	T ADDRESS T-ZIP	required v	when reinstating	3)			DATE	AND DII	RECTO hange	RS IN 12 Addition Addition Addition	CB2E034 (11
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D PRZECLA 10108 BR	WSK ROWI	OFFICER II, MICHAEL WOOD AVE	ed agent and the	itie if app	ORS	DELETE DELETE DELETE	Registration of the second of	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY-S 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 6.3 STREET 6.5 NAME 6.5 STREET	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	required v	when reinstating	3)			DATE	AND DII	RECTO hange	RS IN 12 Addition Addition Addition	CB2E034 (11
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRZECLA 10108 BR	WSK ROWI	OFFICER II, MICHAEL WOOD AVE	ed agent and the	itie if app	ORS	DELETE DELETE DELETE	Regis	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY-S 3.4 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 6.3 STREET 6.4 CITY-S 5.5 TITLE 5.5 NAME 6.5 STREET 6.6 CITY-S 6.6 STREET	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	required v	when reinstating	3)			DATE		RECTO hange	RS IN 12 Addition Addition Addition	CD2E034 (11
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D PRZECLA 10108 BR	WSK ROWI	OFFICER II, MICHAEL WOOD AVE	ed agent and the	itie if app	ORS	DELETE DELETE DELETE	Property of the second	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY-S 3.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 6.3 STREET 6.4 CITY-S 6.1 TITLE 6.4 CITY-S 6.1 TITLE 6.5 CITY-S 6.1 TITLE 6.5 CITY-S 6.1 TITLE	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	required v	when reinstating	3)			DATE		RECTO hange	RS IN 12 Addition Addition Addition	CD2E034 (11
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRZECLA 10108 BR	WSK ROWI	OFFICER II, MICHAEL WOOD AVE	ed agent and the	itie if app	ORS	DELETE DELETE DELETE	Register	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY-S 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 6.3 STREET 6.4 CITY-S 6.1 TITLE 6.4 CITY-S 6.1 TITLE 6.5 NAME 6.5 STREET 6.5 NAME 6.5 NAME 6.5 NAME 6.5 NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	required v	when reinstating	3)			DATE		RECTO hange	RS IN 12 Addition Addition Addition	CD2E034 (11

CTY-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 trusted 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.