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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000087007

1. Corporation Name

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90190 022 ***150.00

ITSMAGIC, INC.										
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Principal Place	e of Business	Mailing Address				1 102 11001 111	, 18181 1911 88111 881)) ##()) ##()	1124 10045 80171	
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						DO NOT WRITE IN THIS SPACE				
						3. Date Incorpora				.
•	<u>,</u>	1 0 1 0 1				10/09/1998				pplied For
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number	69288	•	<u> </u>	ot Applicable
21	<u> </u>	Suite, Apt. #, etc.				20	1200			Additional
Suite, Apt.	#, etc.					5. Certifcate of St	tatus Desired			equired
22 -City.& State		27 City & State				6. Election Camp	Side Financina			May Be
		28			,	Trust Fund Con	_			to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation		ent vear Inta		
	[25]		30	•		Personal Prope		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Yes	□No
24	9. Name and Address of Curre		<u> </u>			10. Name and Ad		egistered /	gent	
			_	81 Na	me					ł
	ROCCO, ROBERT J		1	82 Str	eet Addre	ess (P.O. Box Numbe	r is Not Accenta	ble)		
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CAPE CORAL FL 33904			ļ	83			· · · · · · · · · · · · · · · · · · ·			
			ļ	94 00					85 Zip	Code
				84 Cit				FL		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the ab	ove-nar	ned corpo	pration submits this st	tatement for the	purpose of o	changing its	s registered
n no eoifíce	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was aut	inonzea	py the c	orporatio	n's board of directors	. I nereby accep	т ите арропт	unem as re	gistered
	·	,				5				
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE: R	Registered .	Agent signa	ture required	when reinstating)		DATE		
12.		ND DIRECTORS	13.		<u> </u>	ADDITIONS/CH	ANGES TO OF	-ICERS ANI		Addition
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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.