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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Magic Touch Electric Inc.

Principal Place of Business

2. Principal Place of Business

Jensen Beach, Fl.

Frank H.DeAngelis

Suite, Apt. #, etc.

City & State

Zip

24 34957

Mailing Address

2a. Mailing Address

City & State

29

Suite, Apt. #, etc.

11711 S. Indian River Dr. Jensen Beach, Fl. 34957

Country

11711 S.Indian River Dr. Jensen Beach, F1. 34957

25 St.Lucie

9. Name and Address of Current Registered Agent

21 11711 S.Indian River D26

	3. Date Incorporated or Qualified	3a. Date of Last Report	
	JUNE 9,1991	APRIL	11,199
	4. FEI Number		Applied Fo
	65-0273969		Not Applica
	5. Certificate of Status Desired		.75 Additiona ee Required
	Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
	8. This corporation has liability for in Florida Statutes	ntangible tax ur Yes 🔲 No	nder s. 199.032
	10. Name and Address of New Reg	gistered Agent	
Name			
Street Addr	ess (P.O. Box Number is Not Acceptable	le)	

FILED

97 JUL -7 AM 9:41

SECRETARY OF STATE TALLAHASSEE, FLORIDA

City 84 Zip Code

Country

82

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office or registered agent, or both in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, I am tegrillar with, and accept the appointment as registered agent. I am tegrillar with, and accept the abligations of, Section 607.0505, Florida Statutes.					
SIGNATURE THE Signature typed or privated name of registerical again prior title of applicable (NOTE Registerice Again signature required when re-instating) DATE DATE					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President DELETE	111/116	☐ Change ☐ Addition		
NAME	Frank H. DeAngelis	1.2 NAME			
STREET ADDRESS	11711S.Indian River Dr.	13 STREET ADDRESS			
CITY - ST - ZIP	Jensen Beach,F1. 34957	1.4 CITY - ST - ZIP			
TITLE	☐ DELETE	2 1 1 ITLE	70000223 294∞7⊟~≪4 -07/08/9701065009		
NAME		2.2 NAME	-07/08/9701065009		
STREET ADDRESS		2.3 STREET ADDRESS	****165.00 ****165.00		
CITY-ST-ZIP		2. 4 CITY - ST - ZIP			
TITLE	☐ DELETÉ	3 1 1111.E	Change Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY - ST - ZIP			
TITLE-	☐ DELETE	4 1 TITLE	Change Addition		
NAME		4 2 NAME	•		
STREET ADDRESS		4.3 STREET ADDRESS	. ()		
CITY - ST - ZIP		4.4 CITY - ST - ZIP			
TITLE	DELETE	5 1 TITLE	Change Addition		
NAME		5.2 NAME			
STREET ADDRESS		53 STREET ADDRESS	/\~ `		
CITY - ST - ZIP	- Indicate	54 CITY - ST - ZIP	1		
TITLE	DELETÉ	6 1 TITLE	☐ Change ☐ Addition		
NAME		62 NAME			

14. I do hereby cartify 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 offect 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 36 if changed, or on an attaching it with appeddress.

6.3 STREET ADDRESS 6.4 CHY-S1-ZIP

SIGNATURE

STREET ADDRESS

CITY-SF-ZIP

6-20-97 561-879-1558



Annual Reports Filings Division of Corporations Post Office Box 1500 Tallahassee, Florida 32302-1500

To whom it may concern,

Please help. Before April 18,1996 I requested a letter of certification for Magic Touch Electric lnc. At this time I also requested a change of address. Just as I did with the Dept. of Labor & Employment, Dept. of Business and Professional Regulation and Insurance Company. Apparently this fell through the cracks.

Since I did not receive my report by June, I became very concerned and called the State Dept. for assistance. This is were I learned this request did not happen. My correct address is 476 N.E.87 ST.

El Portal, Fl. 33138

OP

11711 S. Indian River Dr. Jensen Beach, Fl. 34957

I have enclosed my check and hope that my change of address will be corrected. Please contact me at (561) 879-1558 if I can be of further assistance

Sincerely Yours,

Frank H. DeAngelis

ank DeAngelis Phone 561,879,3581 emailbutch@aol.co