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**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **S88529** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90035 026 \*\*\*150.00

MAGIC K	(ALAOKE HOUSE, INC.										
Principal Place	of Business	Mailing Address									
3611 W HILLSBO	OROUGH AVE	3611 W HILLSBOROUGH AVE									
SPACE 218		SPACE 218 TAMPA FL 33614				DO NOT WRITE IN THIS SPACE					
TAMPA FL 33614 TAMPA FL 33614						3. Date Incorpo	orated or Qualife				
						10/21/19					1
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number				Applie	ed For
21		26 3418 HAN	OY	R	<b>)</b> .	59-30921	187			Not A	pplicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.					f Status Desired		\$8.7		
22		27 # 205				3. Certificate of	- Clarido Desireo		Fee	Réqu	ired
City & State	)	City & State					mpaign Financin	g 🗆		<b>)0</b> ма	
23		28 TAMPA,	FC			Trust Fund				ed to F	ees
Zip	Country	Zip 33618 30	Country	y 1 S ろ	,	1	ation owes the cu	irrent year In	tangible Yes		]No
24	25	120 100	) 0			Personal Pr		. Posistored			INO
	9. Name and Address of Current	t Kegisterea Agent	81	1 N	ıme	ių. Name and i	Addiess of New	registered	Agent		
WIL	YOLANDA		Ľ						·		
	W HILLSBOROUGH AVE		82	Z St	reet Addre	ess (P.O. Box Num	nber is Not Acce	ptable)			
	CE 218		83	3							
	PA FL 33614										
***************************************			84	Ci	ty			FI	. 85 Z	ip Co	de
11. Pursuant t office or re agent. I an	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statutes, of Florida. Such change was auth tions of, Section 607.0505, Florida	the abov orized by Statutes	ve-na y the s.	ned corpo corporation	oration submits this n's board of direct	s statement for tr ors. I hereby acc	ept the appo	intment as	regis	gistered itered
agent. I an	m familiar with, and accept the obligat	at and title if applicable. (NOTE: Re	egistered Age	<b>5</b> .		when reinstating)		DATE			
agent. I an	n familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	at and title if applicable. (NOTE: Re	egistered Age	<b>5</b> .		when reinstating)	cHANGES TO C	DATE		TORS	
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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.

SIGNATURE: (

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-905-1520