Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90026 004 ***150.00

PROFIT CORPORATION -ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUI 1. Corporation	MENT # S92852	2						
•	MAGE INTERACTIVE, INC.	•						
		•						
Principal Place	of Business	Mailing Address					ALBUK BUBU BUBUK BUBUK BU	#H 010H 1001
573 S DUNCAN	AVE	573 S DUNCAN	AVE					
CLEARWATER FL 33756 CLEARWATER FL 33756					DO NOT WRITE IN	THIS SPACE		
US		US				3. Date Incorporated or Qualifed	71110 01 7102	
						11/08/1991		
2. Principal Pl	ace of Business	2a. Mailing Add	ress			4. FE! Number	App	lied For
21	·	26		<u>- </u>		<u>~ ~ 59-3111049 </u>		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.			5. Certificate of Status Desired	\$8.75 Ad Fee Red	
22		27	`					<u> </u>
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	
Zíp .	Country	28 Zip		Country	,	8. This corporation owes the current ye		1 663
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Curre					10. Name and Address of New Regist	ered Agent	
				81	Name			
	enblatt, david R.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
1332 YULEE DR					Ou cot Add			
CLEARWATER FL 34624			83					
	•			. 84	City		85 Zip C	ode /
	·				' '		FL (33°	
11. Pursuant	to the provisions of Sections 607.05	i02 and 607.1508, Flor	ida Statutes,	the abov	e-named con	poration submits this statement for the purpo ion's board of directors. I hereby accept the	se of changing its reappointment as reg	egistered istered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607	0505, Florida	Statutes	3.		-	
SIGNATURE						ed when reinstating) DA	TE	
	Signature, typed or printed name of registered ag	gent and title if applicable. AND DIRECTORS	(NOTE: Re	13.	nt signature requir	ed when reinstating) DA ADDITIONS/CHANGES TO OFFICER		RS IN 12
12.	P'		ELETE	1.1 TITLE		ABBITIONS OF BUILDING	☐ Change	Addition
NAME	rosenblatt, david R.	_		1.2 NAME		•		
STREET ADDRESS	1332 YULEE DR			1,3 STREE	TADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33764			1.4 CITY-S	ST-ZIP			
TITLE	VP		DELETE	2.1 TITLE			☐ Change	Addition
NAME	MILLER, MERRILY			2.2 NAME				
~STREET ADDRESS	1332 YULEE DR		_ · .	2.3 STREE	TADDRESS	•	** **	
CITY-ST-ZIP	CLEARWATER FL 33764			2. 4 CITY-	ST-ZIP	·		
TITLE			DELETE .	3.1 TITLE		•	· Change	☐ Addition !
NAME				3.2 NAME	-			
STREET ADDRESS				3.3 STREE	TADDRESS			
CITY-ST-ZIP				3.4. CITY-	ST-ZIP		Changa	☐ Addition
TITLE .		Ü	DELETE	4,1 TITLE			☐ Change	Addition
NAME	•			4. 2 NAME				
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP			DELETE	4.4 CITY-S 5.1 TITLE	ST-ZIP		Change	Addition
TITLE .		٥.	, , , , , ,	5.2 NAME				- ,
STREET ADDRESS				5.3 STREE	TADDRESS			
CITY-ST-ZIP			•	5.4 CITY-S	ì			İ
TITLE			DELETE	6.1 TITLE			Change	Addition
NAME				6.2 NAME				•
STREET ANDRESS	· ·			6.3 STREE	TADORESS			

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 or avaitachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP