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

PROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

Mailing Address

MAGIC REALTY OF ORLANDO, INC.

FILED Apr 28 1998 8:00am Secretary of State



		999		e	DO NOT WRITE IN THIS	SPACE
麻					3. Date Incorporated or Qualified	
					01/01/1992	
	lace of Business	2a, Mailing /			4. FEI Number	Applied For
		K DRIVE 1397		LEWYCK DRII	59-3102737	Not Applicable
Suite, Apt.	#, G IC.	Suite, Ap			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & St			Election Campaign Financing	\$5.00 May Be
23 OR L	ANDO, FL	28 0	LAND	0 FL	Trust Fund Contribution	Added to Fees
	807- Country	Zip 3	280%	Country	8. This corporation owes or has paid the cu	
24 23	69 25 U.			30 US		Yes No
841		s of Current Registered Age	ent	81 Name	10. Name and Address of New Registered	Agent
	JNEZ, RICHARD W.			UT IVANIE		
				82 Street Addre	ess (P.O. Box Number is Not Acceptable)	~
331				B3 7.5.5	CANGLEWYCK	DRIVE
				63		
				84 City	- · · · ·	85 Zip Code 32807
44 Personant	to the provisions of Contin	no 007 0500 and 007 1500 5	To-tale Canada		FL pration submits this statement for the purpose of	
office or r	egistered agent, or both,		change was a	uthorized by the corporation	on's board of directors. I hereby accept the ap	
SIGNATURE		·····				
		registered agent and title if applicable	(NOTE	: Registered Agent signature require		D DIDECTODO IVI 40
12.	PVST	ICERS AND DIRECTORS	DELETE	13, 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
	NUNEZ, RICHARD	·	J DELL'IL	1.2 NAME		Mar Cuange Hookion
NAME	TOTAL NOTATION				397 GANGLEWYCK	DRIVE
STREET ADDRESS	OR AND EP	•		1.3 STREET AUDRESS	2-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	7-16/9
CITY-ST-ZIP TITLE	Approximately 1		DELETE	14 CHY-ST-ZIP	PLANDO FL 3280	Change Addition
NAME		<u> </u>		22 NAME		☐ ontings ☐ Addition
STREET ADDRESS						
				2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			DELETE	2 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		į.	J OCCUR	3.2 NAME		C CHANGE C TORRISH
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP				3.4. CITY-S1-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				5.3 STREET ADDRESS		
CITY-ST-ZIP				5.4 City-St-ZiP		
TITLE	_		DELETE	61 TITLE		☐ Change ☐ Addition
NAME		_		6.2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS		
CITY-ST-ZIP				6.4 CITY-ST-ZIP		
14. I hereby o	ertify that the information	supplied with this filing does	not qualify fo	r the exemption stated in 5	Section 119.07(3)(i), Florida Statutes. I further c	ertify that the information
indicated	on this annual report or si	uppfernental annual report is:	true and accu	urate and that my signature	e shall have the same legal effect as if made ui ired by Chapter 607, Florida Statutes; and that NaMaZ	nder oath: that I am an