PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V00182

1. Corporation Name

MAGIC REALTY OF ORLANDO, INC.

Mailing Address Principal Place of Business 1397 - DR 1397 CANDLIEWYER DR ORLANDO FL 32807 DO NOT WRITE IN THIS SPACE ORLANDO FI. 32807 350 3. Date Incorporated or Qualifed 01/01/1992 2a. Mailing Address 4. FEI Nu nber Applied For 2. Principal Place of Business Not Applicable CANDLEWYCK 59-3102737 26 CANDLEWYCK \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Country 1 8. This corporation owes the current year Intangible Zip MNo **-2969**30 Personal Property Tax. 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 NUNEZ, RICHARD W. 82 Street Address (P.O. Box Number is Not Acceptable) 1397. EANDLEWYER DR CANDLEWYCK ORLANDO FL 32807 83 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or Florida. Such change was authorized by the corporation's board of cirectors. If hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Ficrida Statutes. SIGNATURE Signature, typed or printed name of registered agent, and title if applicable (NOTI: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition Change DELETE 1.1 TITLE TITLE NUNEZ, RICHARD W. 1.2 NAME NAME CANDLEWYCK 1397 ENABLEWYER DR 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32807-2969 14 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE TITLE 2.1 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 31 TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change □ DELETE 4 1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP

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 recuired 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 a lother like empowered.

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

NAME

□ DELETE

APRIL 21-99

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90162 035 ***150.00

Change

Addition

CR2E034 (11/98)