

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY - 1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V40702** (5)

1. Corporation Name

ABRACADABRA KITCHEN MAGICIAN, INC.

Principal Place of Business

**1705 W 32ND PL
HIALEAH FL 33012**

Mailing Address

**1705 W 32ND PL
HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1992

3a. Date of Last Report

02/08/1994

4. FEI Number

65-0334213

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**GLASSFORD, DALE
5780 SUNSET DR
SOUTH MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name

STANLEY KOTLER

82 Street Address (P.O. Box Number is Not Acceptable)

1705 W. 32ND PLACE

83

84 City

HIALEAH

FL

85 Zip Code

33012

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

STANLEY KOTLER, SDTP

4/25/95

SIGNATURE

(Signature typed or printed name of registered agent and date of signature)

(NOTE: Registered Agent signature required when necessary)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

VO

NAME

HARRIS-KEPKE, ALAN

STREET ADDRESS

1705 W 32ND PL

CITY ST ZIP

HIALEAH FL

TITLE

SDTP

NAME

KOTLER, STANLEY

STREET ADDRESS

1705 W 32ND PL

CITY ST ZIP

HIALEAH FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY ST ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY ST ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY ST ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY ST ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 register 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 or Block 14 or on an attachment with an address.

SIGNATURE:

Stanley Kotler

STANLEY KOTLER

4/25/95 (305) 821-1988

(Signature typed or printed name of signing officer or director)

(Date)

(Block 12 or 13 or 14)