FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V41710** **(7)**

1. Corporation Name
MAGIC TOUCH AUTO RESTORATION, INC.

Principal Place of Business	Mailing Address
~~126 POINSETTIA DR~~ ~~KISSIMMEE FL 34743~~ ~~US~~	126 POINSETTIA DR KISSIMMEE FL 34743 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 126 Poinsettia Dr.
Suite, Apt. #, etc. 22
City & State 23: Kissimmee, FL 34743
Zip 24: 34743 Country 25: Osceola

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-3127025 ☐ 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 S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~SHAPIRO, STEVEN G.~~
~~12612 LYSTERFIELD CT~~
~~ORLANDO FL 32837~~

10. Name and Address of New Registered Agent

81 Name: Jones, Steven A.
82 Street Address (P.O. Box Number is Not Acceptable): 126 Poinsettia Dr.
83
84 City: Kissimmee **FL** 85 Zip Code: 34743

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.

SIGNATURE: Steven A. Jones /STEVEN A. JONES 02-21-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME	~~SHAPIRO, STEVEN G~~	12 NAME	Jones, Steven A.
STREET ADDRESS	~~3113 ZAHARIAS DR~~	13 STREET ADDRESS	126 Poinsettia Dr.
CITY-ST-ZIP	~~ORLANDO FL 32837~~	14 CITY-ST-ZIP	Kissimmee, FL 34743
TITLE	~~VPS~~	21 TITLE	S/T ☐ Change ☒ Addition
NAME	~~JONES, STEVEN A.~~	22 NAME	Somero, Norma L.
STREET ADDRESS	~~126 POINSETTIA DR.~~	23 STREET ADDRESS	126 Poinsettia Dr.
CITY-ST-ZIP	~~KISSIMEE, FL~~	24 CITY-ST-ZIP	Kissimmee, FL 34743
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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.

SIGNATURE: Norma L. Somero /Norma L. Somero 02-21-95 (407) 348-6186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0482344 FP