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Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V41710** (7)

1. Corporation Name
MAGIC TOUCH AUTO RESTORATION, INC.



Principal Place of Business 126 POINSETTIA DR. KISSIMMEE FL 34743 US	Mailing Address 126 POINSETTIA DR KISSIMMEE FL 34743-5806 US
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2. Principal Place of Business 21 2367 Kings Crest Road Suite, Apt. #, etc.		2a. Mailing Address 26 2367 Kings Crest Road Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/08/1992	3a. Date of Last Report 02/29/1996
22 City & State 23 Kissimmee, FL 34744-6270 Zip Country 24 34744-6270 25 Osceola		27 City & State 28 Kissimmee, FL 34744-6270 Zip Country 29 34744-6270 30 Osceola		4. FEI Number 59-3127025	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent JONES, STEVEN A. 126 POINSETTIA DR. KISSIMMEE FL 34743		10. Name and Address of New Registered Agent 81 Name Jones, Steven A. 82 Street Address (P.O. Box Number is Not Acceptable) 153 Alderwood Drive 83 84 City Kissimmee FL 85 34743	
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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 _____ (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	1.1 TITLE	P
NAME	JONES, STEVEN A.	1.2 NAME	Jones, Steven A.
STREET ADDRESS	126 POINSETTIA DR.	1.3 STREET ADDRESS	153 Alderwood Dr.
CITY- ST- ZIP	KISSIMMEE FL	1.4 CITY- ST- ZIP	Kissimmee, FL 34743
TITLE	ST	2.1 TITLE	ST
NAME	SOMERO, NORMA L.	2.2 NAME	Somero, Norma L.
STREET ADDRESS	126 POINSETTIA DR	2.3 STREET ADDRESS	2367 Kings Crest Road
CITY- ST- ZIP	KISSIMMEE, FL	2.4 CITY- ST- ZIP	Kissimmee, FL 34744-6270
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE: *Norma L. Somero* **NORMA L. SOMERO** 04-02-97 933-0930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #