

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

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V41710 (7)
1. Corporation Name
MAGIC TOUCH AUTO RESTORATION, INC.



Principal Place of Business
2367 KINGS CREST RD
KISSIMMEE FL 34744-6270
US

Mailing Address
2367 KINGS CREST RD
KISSIMMEE FL 34744-6270
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 153 Alderwood Dr.		26 153 Alderwood Dr.		06/08/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3127025	
City & State		City & State		Applied For	
23 Kissimmee, FL		28 Kissimmee, FL		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24 34743		25 Osceola		27	
29 34743		30 Osceola		8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution	
JONES, STEVEN A. 153 ALDERWOOD DR KISSIMMEE FL 34743		81 Name		8.00 May Be Added to Fees	
		82 Street Address (P.O. Box Number is Not Acceptable)		6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
		83		Yes No	
		84 City		FL	
		85 Zip Code			

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 03-24-98
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	Change Addition
NAME	JONES, STEVEN A.	1.2 NAME	
STREET ADDRESS	153 ALDERWOOD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	Change Addition
NAME	SOMERO, NORMA L.	2.2 NAME	XX
STREET ADDRESS	2367 KINGS CREST RD	2.3 STREET ADDRESS	Somero, Norma L.
CITY-ST-ZIP	KISSIMMEE, FL	2.4 CITY-ST-ZIP	337 Minnesota Ave.
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	St. Cloud, FL 34769-2235
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 03-24-98 4/1/98-1998

CR2E034 (10/97)