

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 3:38

DOCUMENT # V47311 (8)

1. Corporation Name

ABRA-CADABRA CENTRAL FLORIDA, INC.

Principal Place of Business

274 WILSHIRE BLVD.
SUITE 274
CASSELBERRY FL 32707
US

Mailing Address

274 WILSHIRE BLVD.
SUITE 274
CASSELBERRY FL 32707
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1992

3a. Date of Last Report

05/19/1994

4. FBI Number

59-3158524

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 274 Wilshire Blvd. Ste. 274

2a. Mailing Address

26 274 Wilshire Blvd. Ste. 274

Suite, Apt. #, etc.

22 Casselberry, FL

Suite, Apt. #, etc.

27 Casselberry, FL

City & State

City & State

23

28 32707

24

Zip 32707

Country

25 USA

29

Zip

Country

30 USA

9. Name and Address of Current Registered Agent

GALLAS, VICKY

274 WILSHIRE BLVD., #274
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name

Vicky L. Gallas

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

8603 Peppercorn Dr

84 City

Orlando

FL

85 Zip Code

32825

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

Vicky L. Gallas President

4-5-95

(Signature, Title, or printed name of registered agent and date it was filed)

(NOTE: Registered Agent signature required when re-registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GALLAS, VICKY L.
STREET ADDRESS	274 WILSHIRE BLVD., #274
CITY, ST, ZIP	CASSELBERRY 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	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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)(k), 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 the 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:

Vicky L. Gallas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-95

(407) 332-8577