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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # K38346

(8)

## MAGIC JEANNE CORPORATION

	F	ILED	)
May	12	1997	8:00am
Sec	cret	ary of	State



	of Business	Mail	ing Address					( 1986)	M DAN DIQI	ii Bibli Bi		ALL DIGIT 1201
C/O JOE JULIAN HAND ROUTE 4 BOX 159 WESTVILLE FL 32464		ROL	C/O JOE JULIAN HAND ROUTE 4 BOX 159 WESTVILLE FL 32464-9708									
								3. Date Incorporated or Qualified 10/12/1988		3a. Date of Last Report 05/01/1996		
n '	ace of Business	<b>⊢</b> —¬	Mailing Address	3			4.	FEI Number				Applied For
			26				NOT APPLICABLE				4 Not Applicable	
Suite, Apt #	#, Etc.	27	Suite, Apt. #, etc	C.			5.	Certificate of Status Desired		}		Additional Required
City & State	:	y	City & State	***************************************				Election Campaign Financing		···········		May Be
	Constant	28	7:					Trust Fund Contribution				to Fees
_ Z <sub>\$</sub> p 	Country	····	Zip	$\vdash$	ountry		1	This corporation has liability to		igible ta s []		s. 199.032,
L	25 9. Name and Address of C	29 29	red Agent	30	-1			Florida Statutes  Name and Address of New				····
41444				······································	81	Name				******		
	ID, JOE JULIAN		•									
	JTE 4 BOX 159 STVILLE FL 32464				82	Street Ad	ldress (P.	O. Box Number is Not Accep	ptable)			
1120	71 VICEE 1 C 02404				83			······································				
					84	City		1-74			85 Zij	Code
					1 1	•				FL		
Pursuant to office or re agent. Lan	o the provisions of Sections 60 egistered agent, or both, in the name accept the	7.0502 and 607 State of Florida obligations of, 2	7.1508, Florida 9 1. Such change Section 607.050	Statutes, the was authoriz 05, Florida St	above sed by tatutes	the corpor	ration's b	oard of directors. I hereby ac	ccept the	e appo	intment e	ia legistorot
IGNATURE F	Signature, typical or printed manin of registri	red agent and title if	applicable	(NOTE: Registe	ered Age		quired when	rainstating)	D	ATE	. i	
IGNATURE	Styre cure, type if or printed name of registric OFFICER		applicable ORS	(NOTE: Registe	ered Age		quired when		D	ATE S AND	DIRECTO	ORS IN 12
IGNATURE E	Styrs varie, type of or prented manus of registre OFFICER D	red agent and title if	applicable	(NOTE: Registe 13	ered Age 3. TITLE		quired when	rainstating)	D	ATE S AND	. i	PRS IN 12
IGNATURE 5	Styrection type for pented name of registre OFFICER D HAND, JOE JULIAN	red agent and title if	applicable ORS	(NOTE: Registe  13  15  1.1	ered Age 3. TITLE ! NAME	nt signature rec	quired when	rainstating)	D	ATE S AND	DIRECTO	ORS IN 12
GNATURE E   LF  ME  RELLATIONESS	OFFICER  D  HAND, JOE JULIAN  ROUTE 4, BOX 159	red agent and title if	applicable ORS	(NOTE: Registe 13	ered Age 3. TITLE NAME 3 STREET	nt signature rec	quired when	rainstating)	D	ATE S AND	DIRECTO	ORS IN 12
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GNATURE E. LF ME RELLADORESS Y-S1-ZIP LE	OFFICER  OFFICER  D  HAND, JOE JULIAN  ROUTE 4, BOX 159  WESTVILLE FL	red agent and title if	applicable  ORS  DELET	(NOTE: Registe  13  IE 1.1  1.2  1.3  1.4  IE 2.1	ered Ager 3. TITLE NAME STREET CITY-SI	nt signature rec	quired when	rainstating)	D	ATE S AND	DIRECTO Change	DRS IN 12
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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 it 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 it changed, or on an attachment with an address.

SIGNATURE: