

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 14 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N97000003613 (3)

1. Corporation Name  
 THE MAGIC SWING, INC.



Principal Place of Business Mailing Address

469 45TH AVENUE NORTH ST PETERSBURG FL 33703  
 469 45TH AVENUE NORTH ST PETERSBURG FL 33703  
 AFTER SEPT 1, 1998

3. Date Incorporated or Qualified  
 06/23/1997

4. FEI Number  
 59-3453537

Applied For  
 Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 4500 4th St. North 26 4500 4th St. North

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State

ST. PETERSBURG, FL ST. PETERSBURG, FL

24 Zip 25 County 29 Zip 30 County

33703 PINELAS 33703 PINELAS

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

DUFFY, ANDREW J  
 725 MONTE CRISTO BLVD  
 TIERRA VERDE FL 33715

10. Name and Address of New Registered Agent

81 Name ANDREW J. DUFFY

82 Street Address (P.O. Box Number is Not Acceptable)  
 1010 BEACH DRIVE N.E.

83

84 City ST. PETERSBURG FL 85 Zip Code 33701

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Andrew J. Duffy* DATE: 7/13/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT (T)	<input checked="" type="checkbox"/> DELETE
NAME	CINDI DUFFY	
STREET ADDRESS	1010 BEACH DRIVE N.E.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	VICE PRESIDENT (T)	<input checked="" type="checkbox"/> DELETE
NAME	FRANKYE BROOKE	
STREET ADDRESS	6117 94th AVE NORTH	
CITY-ST-ZIP	PINELLAS PARK, FL 33782	
TITLE	TREASURER (T)	<input checked="" type="checkbox"/> DELETE
NAME	RICHARD (DICK) RAYMOND	
STREET ADDRESS	1932 ARROWHEAD D.N.E.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703-1904	
TITLE	SECRETARY (T)	<input checked="" type="checkbox"/> DELETE
NAME	LOUI DAVIS	
STREET ADDRESS	2084 68th TERRACE So.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33712	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT (T)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRANKYE BROOKS	
1.3 STREET ADDRESS	6117 94th AVE. NORTH	
1.4 CITY-ST-ZIP	PINELLAS PARK, FL 33782	
2.1 TITLE	VICE PRESIDENT (T)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CAROL ANN HOTTER	
2.3 STREET ADDRESS	4315 10th St. No.	
2.4 CITY-ST-ZIP	ST. PETERSBURG, 33703	
3.1 TITLE	TREASURER (T)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CINDI DUFFY (T)	
3.3 STREET ADDRESS	1010 BEACH DRIVE N.E.	
3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
4.1 TITLE	SECRETARY (T)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JEN PIERCE DEWALD	
4.3 STREET ADDRESS	6651 4th AVE. NORTH	
4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33710	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	500002617945	
6.3 STREET ADDRESS	-08/17/98--01123--016	
6.4 CITY-ST-ZIP	***61.25	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frankye Brooke* DATE: 7/12/98 TIME: 8:14 PHONE: 813-544-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/96)