


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90008 001 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N97000003613**

1. Corporation Name  
**THE MAGIC SWING, INC.**

Principal Place of Business 4500 4TH ST. N ST PETERSBURG FL 33703	Mailing Address 4500 4TH ST. N ST PETERSBURG FL 33703
---	---



2. Principal Place of Business 21 4500 4th St. North Suite, Apt. #, etc. 22 <del>SUITE #2</del>	2a. Mailing Address 26 4500 4th St. North Suite, Apt. #, etc. 27 <del>SUITE #2</del>	3. Date Incorporated or Qualified 06/23/1997	4. FEI Number 59-3453537	Applied For <input type="checkbox"/> Not Applicable
23 City & State ST PETERSBURG, FL	28 City & State ST. PETERSBURG	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	
24 Zip 33782	25 Country USA	29 Zip 33782	30 Country USA	

9. Name and Address of Current Registered Agent DUFFY, ANDREW J 1010 BEACH DRIVE NE ST. PETERSBURG FL 33701	10. Name and Address of New Registered Agent 81 Name FRANKYE BROOKS 82 Street Address (P.O. Box Number is Not Acceptable) 6117 94th AVE NORTH 83 84 City PINELLAS PARK FL 85 Zip Code 33782
--	---

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 Frankye Brooks **TREASURER** FRANKYE BROOKS  
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 PT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROOKS, FRANKYE		1.2 NAME LORI DAVIS	
STREET ADDRESS 6117 94TH AVE. N		1.3 STREET ADDRESS 2084 68th TERRACE SOUTH	
CITY-ST-ZIP PINELLAS PARK FL 33782		1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33712	
TITLE VT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOTTER, CAROLE ANN		2.2 NAME Tom DAVIDOWICZ	
STREET ADDRESS 4315 10TH ST. N		2.3 STREET ADDRESS 5305 9th AVE. SOUTH	
CITY-ST-ZIP ST. PETERSBURG FL 33703		2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33703	
TITLE TT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUFFY, CINDI		3.2 NAME FRANKYE BROOKS	
STREET ADDRESS 1010 BEACH DRIVE NE		3.3 STREET ADDRESS 6117 94th AVE NORTH	
CITY-ST-ZIP ST. PETERSBURG FL 33701		3.4 CITY-ST-ZIP PINELLAS PARK, FL 33782	
TITLE ST	<input type="checkbox"/> DELETE	4.1 TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEWALD, JEN PIERCE		4.2 NAME JEN PERSON-DEWALD	
STREET ADDRESS 6651 4TH AVE. N		4.3 STREET ADDRESS 6651 4th AVE N.	
CITY-ST-ZIP ST. PETERSBURG FL 33710		4.4 CITY-ST-ZIP ST. PETERSBURG, FL 33782	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANKYE BROOKS Frankye Brooks 322.99 727-544-1828  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)