

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:35

DOCUMENT # 339071

(3)

1. Corporation Name

MAGNA PROPERTIES, INC.

Principal Place of Business

1301 W. COPANS ROAD #C-10
P.O. BOX 2449
POMPANO BEACH FL 33064
US

Mailing Address

1301 W. COPANS ROAD #C-10
P.O. BOX 2449
POMPANO BEACH FL 33064
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/17/1968

3a. Date of Last Report

03/25/1994

2. Principal Place of Business

2a. Mailing Address

21 664 S. Military Trail

26 664 S. Military Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Deerfield Beach, FL

28 664 S. Military Trail

Zip

Country

Zip

Country

24 33442

25 US

29 33442

30 US

4. FEI Number

59-1260931

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

BLAKE, GERALD F.
MAGNA PROPERTIES INC.
1301 W. COPANS RD., SUITE C-10
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
664 S. Military Trail

83

84 City

Deerfield Beach

FL

85 Zip Code
33442

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

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VDC	FORRER, JOHN O.	1301 W. COPANS RD., #C-10	POMPANO BEACH FL
PD	BLAKE, GERALD F.	1301 W. COPANS RD., #C-10	POMPANO BEACH FL
VTS	BRACKEN, CYNTHIA M.	1301 W. COPANS RD., #C-10	POMPANO BEACH FL
V	HARPER, PAMELA L.	1301 W. COPANS RD., #C-10	POMPANO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. CHANGE	6. ADDITION
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	☒	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	☒	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	☒	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	☒	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	☐	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	☐	☐

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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. If an officer or director of the corporation on the review or burden empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR
Gerald F. Blake

305-419-1011