FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

CITY- \$1-2iP

SIGNATURE:

appears in Block 12 or Block 13



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1997 8:00am

Secretary of State

(96/6)

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V64226

(6)

MAGNET MORTGAGE CORPORATION Principal Place of Business Mailing Address 6585 MANATEE AVE W 6585 MANATEE AVE W **BRADENTON FL 34209-2326 BRADENTON FL 34209** US US 3. Date Incorporated or Qualified 3a. Date of Last Report 09/15/1992 04/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For ILDILU 7219 65-0379178 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State & State \$5.00 May Be 6. Election Campaign Financing 23 28 **Trust Fund Contribution** Added to Fees Zio Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 Florida Statutes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GRAY, MARK \$ 6585 MANATEE AVE W 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34209** 83 84 へみひめんり 11. Pursuant to the provisions of Sections 607.059, 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. Lam familiar with land occurrence the obligations of, Section 607.0505, Florida Statutes. SIGNATURE signature required when rainstating) 12. OFFICERS ND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TRUE 1 1 TITLE GRAY, MARK S NAME 1.2 NAME 6585 MANATEE AVE W STREET ADDRESS 1.3 STREET ADDRESS BRADENTON FL 1.4 CITY-ST-ZIP CITY-ST-DELETE ___ Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 City-ST-ZIP CITY - ST - 70F DELETE Change Addition 3.1 TITLE THUE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - SY-ZIP Change Addition DELETE THEE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CHY-ST-Z-P DELETE Change ___ Addition 51 THTLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - 70 54 CITY-ST-ZIP DELETE Change ■ Addition 61 TITLE TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 607, Florida Statutes; and that my name