

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

FILED  
May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 381646

(9)

1. Corporation Name

MAGNUM INVESTMENT CORP.

Principal Place of Business

7801 S.W. LOST RIVER ROAD  
STUART FL 34997  
US

Mailing Address

7801 S.W. LOST RIVER ROAD  
STUART FL 34997-7225  
US

3. Date Incorporated or Qualified

05/05/1971

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1354618

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

2. Principal Place of Business

21 7320 SW 146 Terrace

Suite, Apt. #, etc.

22 City & State

23 Miami, Florida

24 33158

Country

25 USA

2a. Mailing Address

26 7320 SW 146 Terrace

Suite, Apt. #, etc.

27 City & State

28 Miami, Fl.

29 33158

Country

30 USA

9. Name and Address of Current Registered Agent

MARTIN TABOR & ASSOCIATES  
7801 S.W. LOST RIVER ROAD  
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name Martin Tabor & Associates  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 7320 SW 146 Street  
84 Suite 201-A  
85 City Miami FL 33166

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 of the registered agent, if registered, or the person who is applying for registration, if not registered.

(NOTE: Registered Agent signature required when registering.)

DATE

4/25/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	PO			<input type="checkbox"/>
	TABOR, MARTIN	7320 SW 146 TERR.	MIAMI, FL 0	<input type="checkbox"/>
	SD			<input type="checkbox"/>
	TABOR, ABBY	7320 SW 146 TERR.	MIAMI, FL 0	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Signature of the registered agent, if registered, or the person who is applying for registration, if not registered.

4/25/97

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CR2E034 (9/96)