FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 11:53

DOCUMENT # **486223** (1)

1. Corporation Name
MAGILL & LEWIS, P.A.

Principal Place of Business	Mailing Address
7211 SW 62 AVE., #200 MIAMI FL 33143	7211 SW 62 AVE., #200 MIAMI FL 33143

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/02/1975
3a. Date of Last Report: 06/24/1994

2. Principal Place of Business
21: 1537 Tippicanoe Court
22: Suite, Apt. #, etc.
23: City & State: Melbourne, FL
24: Zip: 32940 25: Country: U.S.A.

2a. Mailing Address
26: 1537 Tippicanoe Court
27: Suite, Apt. #, etc.
28: City & State: Melbourne, FL
29: Zip: 32940 30: Country: U.S.A.

4. FEI Number: 59-1623362 ☐ 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

MAGILL, EDWARD L.
7211 SW 62 AVE., #200
SUITE 730
MIAMI FL 33143

(NOTE: CHANGE OF ADDRESS ONLY)

10. Name and Address of New Registered Agent

81 Name: MAGILL, EDWARD L.
82 Street Address (P.O. Box Number is Not Acceptable): 1537 Tippicanoe Court
83:
84 City: Melbourne, FL 85 Zip Code: 32940

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	PTD	☐ Change ☐ Addition
NAME	MAGILL, EDWARD L.	12 NAME	MAGILL, EDWARD L.	
STREET ADDRESS	7211 SW 62 AVE., #200	13 STREET ADDRESS	1537 Tippicanoe Court	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	LEWIS, R. FRED	22 NAME		
STREET ADDRESS	7211 SW 62 AVE., #200	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: [signature] 4 April 1995 (407) 255-6837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0184109 CP