FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED
96 MAY 10 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 549275 (6)

1. Corporation Name
MAGLIONE REALTY, INC.

Principal Place of Business	Mailing Address
2010 PINE TERRACE SARASOTA FL 34231	2010 PINE TERRACE SARASOTA FL 34231

3. Date Incorporated or Qualified: 10/17/1977
3a. Date of Last Report: 01/19/1995
4. FEI Number: 59-1770683 ☐ 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	2a. Mailing Address
21 SAME	26 SAME
Suite, Apt. #, etc — 22	Suite, Apt. #, etc. — 27
City & State — 23 SAME	City & State — 28 SAME
Zip — 24 SAME; Country — 25 SAME	Zip — 29 SAME; Country — 30 SAME

9. Name and Address of Current Registered Agent

MAGLIONE, JAMES I
~~6223 TANAGER ST~~
SARASOTA FL ~~34241~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2465 CONSTITUTION Blvd
83
84 City FL 85 Zip Code 34231

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] JAMES MAGLIONE 4-30-96
Signature, typed or printed name of New Registered Agent — DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	MAGLIONE, THOMAS O.	
STREET ADDRESS	132 LAKEFRONT DR	
CITY-ST-ZIP	AKRON OH 44319	
TITLE	STD	☐ DELETE
NAME	MAGLIONE, CAROLINE B	
STREET ADDRESS	465 MAGELLAN DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	☐ DELETE
NAME	MAGLIONE, JAMES I	
STREET ADDRESS	~~6223 TANAGER ST~~	
CITY-ST-ZIP	SARASOTA FL ~~34241~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	900001827689 -05/17/96--01114--019 ****225.00 ****225.00
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition	
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition	2465 CONSTITUTION Blvd 34231
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	$225/10
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 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)(k), 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] 4-30-96 925-9912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)