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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 17 1997 8:00am Secretary of State

MAGNE	THEL ENTERPRISES, INC.	Mailing Address	:			
OCOEE FL 347	761	ORLANDO FL \$2818-8602 US		3. Date Incorporated or Qualifie 06/02/1980	od 3a. Date of Last Report 03/12/1996	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 140	od winst RD	26 8667 A	DI MINS	RD. NOT APPLICABLE	Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & Stat	to	City & State			Fee Required	
23 0000		28 ORLANDO.	FLA	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Ζφ	Country		for intangible tax under s. 199.032,	
24 347	161 25 USA	29 3>818	30 USA	Florida Statutes	Yes No	
}	9. Name and Address of Curre	int Registered Agent	81 Name	10. Name and Address of New	Registered Agent	
	SIH, GERALD					
8867 A.D. MIM ROAD ORLANDO FL 32818			82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)		
O, IL	34100 I E 02010		83			
)			84 City		les 7. Code	
			84 City		FL 85 Zip Code	
office or agent 1 a SIGNATURE	Sognature: Typica or printed harner of registered as		uthorized by the corporida Statules. Here Registered Agent signature r		/ 	
1011	PV	DELETE	1.1 Titl\$	V0-7	Channe Addition	
NAME	MASIH-DAS, GERALD		12 NAME	BASMATY MASIN-	- DAZ _	
STREET ADDRESS	8667 A.D. MIMS ROAD	·	1.3 STREET ADDRESS	8667 A.D. Mims	15 m	
C(1Y+S1+7)P	ORLANDO FL		1.4 CITY-ST-ZIP	ORLANDO the 3>1		
TITLE	ST BACKETY	☐ DELETE	2.1 TITLE		Change Addition C	
NAME	MASIH-DAS, BASMATY 8667 A.D. MIMS ROAD		2.2 NAME		1	
CHY-S1-ZIP	ORLANDO FL		2.3 STREET ADDRESS		**•·	
THILE	OIDWIDO 12	DELETE	2. 4 CITY-ST-ZIP		Change Addition	
NAME		<u> </u>	3 2 NAME			
STREET ADDRESS	İ		3.3 STREET ADDRESS		{	
CHY-SI-ZIP			3.4. CHTY-ST-ZIP		. [
TSILE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ACCORESS			4.3 STREET ADDRESS		}	
CHIY-SI-ZIF		TT DELEVE	4.4 CITY-ST-ZIP		A	
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME STATE CONTROL			5.2 NAME			
STREET ADDRESS			5.3 STREFT ADDRESS		}	
CITY-ST-ZIP TITLE		DELETE	54 CITY-ST-ZIP 61 TITLE		Change Addition	
NAME		FT percit	6.2 NAME		C Outside C Modition (
STREET ADDRESS	1		6.3 STREET ADDRESS			
CITY - ST- ZIP			6.4 CITY-ST-ZIP			
	the could that the information cannolis	ed with this filing done not qualif		eted in Section 119 07/3/(i) Florida Stat	utos. I further certify that the	

I do heroby 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.

Basmaty MASIH-DAS 4/11/97