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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F80837

1. Corporation Name

MAG DEALTY INC

WAGIN	EALTT, INC.					_
	•					
Bringinal Pla	co of Pusiness	Mailing Address			<u> </u>	
% W. A. GARTNER			203			•
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207					DO NOT WRITE IN T	HIS SPACE
j					3. Date Incorporated or Qualifed	
O Detectoral	Div. (D.)				05/06/1982	÷ 3
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
26 26					59-2187446	Not Applicable
22 27					5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23 28					Trust Fund Contribution	Added to Fees .
Zip Country Zip			Countr	у	8. This corporation owes the current year	
24	25		30		Personal Property Tax.	☐ Yes XINo
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent / V
GAF	RTNER, W. A.		81	Name		
JACKSONVILLE FL 32207			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
			83	 	5	55 Jr. 6 Sp. 4, 3 64 1944
			0.3	'		
			84	City		85 Zip Code
11 Pursuan	t to the provisions of Sections 607 0502	and 607 1508. Florida Statute	e the abov	e-named corn	oration submits this statement for the purpose	of changing its registered
Office or	registered agent, or both, in the State of am familiar with, and accept the obligati	f Florida. Such change was a	uthorized by	, the corneratio	on's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE		ons of, Section 607,0005, Flot	ilua Statule:	5.	•	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Age	nt signature require	d when reinstating) , DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		yes a second	☐ Change ☐ Addition
NAME			1.2 NAME		·	
STREET ADDRESS			1	TADDRESS		
TITLE	JACKSONVILLE FL SD	☐ DELETE	1.4 CITY-S	ST-ZIP		
NAME	CAPTAIN TELDA		2.1 TITLE			☐ Change ☐ Addition
STREET ADDRESS	OFFIC OFFICEDON CARO DE ME		2.2 NAME	T ADDRESS		
CITY-ST-ZIP	IACKCONDUITE EL		2.3 STREE			,
TITLE	O'CHOOMINEE I'E	☐ DELETE	3.1 TITLE	51-ZIP		☐ Change ☐ Addition
NAME	Maria de la compania del compania del compania de la compania del compania de la compania del compania de la compania del compania dela	<u> </u>	3.2 NAME			ا المالية الما
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP	` ** · · · · · · · · · · · · · · · · · ·		3.4. CITY- 5			
TITLE						
NAME		☐ DELETE	4.1 TITLE			Change Addition
STREET ADDRESS		☐ DELETE	4.1 TITLE 4. 2 NAME		A service of the serv	Change Addition
CITY-ST-ZIP			4. 2 NAME	T ADDRESS	The state of the s	☐ Change ☐ Addition
			4. 2 NAME	TADDRESS		Change Addition
TITLE			4. 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE	TADDRESS		Change Addition
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TITLE NAME STREET ADDRESS			4. 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE	T ADDRESS T-ZIP T ADDRESS		☐ Change ☐ Addition \
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4. 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME	T ADDRESS T-ZIP T ADDRESS		☐ Change ☐ Addition \

14. I 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 officers, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

<u>16 199</u>

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90041 004 ***150.00

(904) 399-0870