FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F97260** **(6)**

1. Corporation Name

MA-GE, INC.

Principal Place of Business	Mailing Address
521 W. FT. ISLAND TRAIL,STE. A P.O. BOX 2410 CRYSTAL RIVER FL 32629	521 W. FT. ISLAND TRAIL,STE. A P.O. BOX 2410 CRYSTAL RIVER FL 32629

3. Date Incorporated or Qualified: **08/27/1982**
3a. Date of Last Report: **06/06/1995**

2. Principal Place of Business
21 706 N. Suncoast Blvd.
Suite, Apt. #, etc.
22
City & State
23 Crystal River, FL
Zip 24 34429 Country 25 USA

2a. Mailing Address
26 P.O. Box 2019
Suite, Apt. #, etc.
27
City & State
28 Crystal River, FL
Zip 29 34423 Country 30 USA

4. FEI Number: **59-2217397** ☐ 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

ABBOTT, GLEN C.
521 W. FT. ISLAND TRAIL,STE. A
CRYSTAL RIVER FL 32629

10. Name and Address of New Registered Agent

81 Name: Glen C. Abbott
82 Street Address (P.O. Box Number is Not Acceptable): 706 N. Suncoast Blvd.
83
84 City: Crystal River **FL** 85 Zip Code: 34429

11. Pursuant to the provisions of Sections 607.152 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] Glen C. Abbott, Esq. 1/29/96
Signature, typed or printed name of individual with authority to sign on behalf of corporation (NOTE: Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RUSZALA, MARILYN		1.2 NAME		
STREET ADDRESS	2518 PEBBLE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	GRANBURY TX		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RUSZALA, GERALD		2.2 NAME		
STREET ADDRESS	2518 PEBBLE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	GRANBURY TX		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)(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: Marilyn Ruszala Marilyn Ruszala 3/5/96 817-279-7245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)