

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED '95 MAR 22 PH 3:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # H92199 (9) 1. Corporation Name MAGNUM ONE, INC.

Principal Place of Business 3621 NE 26TH AVENUE LIGHTHOUSE POINT FL 33064 US Mailing Address 3921 NE 26TH AVENUE LIGHTHOUSE POINT FL 33064 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/26/1985 3a. Date of Last Report 02/02/1994 4. FBI Number 59-2621345 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 21 4099 N. FEDERAL Highway 22 #106A 23 Pompano Beach, FL 24 33064 25 USA 26 2895 HAMPTON CIRCLE EAST 27 Suite, Apt. #, etc. 28 DELRAY BEACH, FL 29 33445 30 USA 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

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. This 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 a registered agent under Sections 607.0508, Florida Statutes. SIGNATURE: Robert D. Wells DATE: 3/15/95

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, City, St, Zip for Robert D. Wells and new additions.

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)(b), 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: Robert D. Wells ROBERT D. WELLS 407-496-3444