

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Maxham
Secretary of State
DIVISION OF CORPORATIONS

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **J08730** (0)

1. Corporation Name
MAGNA-SURE INC.

Principal Place of Business: **21631 VILLAGE LAKE CNTR
LAND O LAKES FL 34639
US**

Mailing Address: **21631 VILLAGE LAKE CNTR
LAND O LAKES FL 34639
US**

3. Date of Incorporation or Qualification: **04/10/1986**
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business	2a. Mailing Address	4. FID Number	Applied For
21	26	59-2662428	Not Applicable
22. State App # of	27. State App # of	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Officers	25. Directors	29. Officers	30. Directors
		8. This corporation has liability for delinquent taxes under s. 218.05, Florida Statutes.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GIBBS, A.P. 501 E. MERIDIAN AVE. DADE CITY FL 33525	B1 Name
	B2 Street Address, P.O. Box Number, Not Applicable
	B3 City
	B4 City FL B5 Zip Code

11. I, the undersigned, president, secretary, treasurer or other officer of the corporation, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation in the State of Florida. My name appears authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am a resident of the State of Florida and I am qualified to be a registered agent.

Signature: _____ Date: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL MANAGERS, OFFICERS AND DIRECTORS
PD MIDILI, PAUL P. 32939 COLLEGE AVE SAN ANTONIO FL	<input type="checkbox"/> Change <input type="checkbox"/> Add
VD VINA, MARILIN 11057 SPRINGRIDGE DR. TAMPA FL	<input type="checkbox"/> Change <input type="checkbox"/> Add
VD GARCES, CARMES 6404 WINDWOOD CT. TAMPA FL	<input type="checkbox"/> Change <input type="checkbox"/> Add
STD MIDILI, DENISE O. 32939 COLLEGE AVE SAN ANTONIO FL	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation in the State of Florida. My name appears authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am a resident of the State of Florida and I am qualified to be a registered agent.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR OFFICER
PAUL P. MIDILI
 Date: *4/26/94* 813-944-3061