FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

'95 MAR -6 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K56815 (9)

1. Corporation Name
MAGNOLIA S CORPORATION

Principal Place of Business	Mailing Address
633 SOUTH PLYMOUTH COURT SUITE 1202 CHICAGO IL 60605	633 SOUTH PLYMOUTH COURT SUITE 1202 CHICAGO IL 60605

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/10/1989
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business
21: 95 MAGNOLIA DRIVE
Suite, Apt. #, etc.
22: ST. AUGUSTINE, FLORIDA
City & State
23:
Zip: 24: 32084
Country: 25: USA

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip: 29:
Country: 30:

4. FEI Number: 592935444 ☐ 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

TROIANO, DOMINIC ESQ.
317 SOUTH TENNESSEE AVENUE
P.O. BOX 829
LAKELAND FL 33802

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P,T	1.1 TITLE	P,T	☒ Change ☐ Addition
NAME	GREEN, KRISTINE S.	1.2 NAME		
STREET ADDRESS	633 S. PLYMOUTH CT #902	1.3 STREET ADDRESS	633 S. PLYMOUTH COURT APT. 1202	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	CHICAGO, ILLINOIS 60605	
TITLE	VP	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	STRAHOTA, THOMAS	2.2 NAME		
STREET ADDRESS	633 S. PLYMOUTH CT.	2.3 STREET ADDRESS	633 S. PLYMOUTH COURT APT. 1202	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	CHICAGO, ILLINOIS 60605	
TITLE	S	3.1 TITLE		☒ Change ☐ Addition
NAME	CUSHMAN, VANESSA	3.2 NAME		
STREET ADDRESS	817 MAGNOLLIA ST.	3.3 STREET ADDRESS	95 MAGNOLIA DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	ST. AUGUSTINE, FLORIDA	
TITLE	D	4.1 TITLE		☒ Change ☐ Addition
NAME	GREEN, KRISTINE S.	4.2 NAME		
STREET ADDRESS	633 S. PLYMOUTH CT.	4.3 STREET ADDRESS	633 S. PLYMOUTH COURT APT. 1202	
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	CHICAGO, ILLINOIS 60605	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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: K A Green KRISTINE S. GREEN 2/22/95 (313) 986-0915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0400420 FP