

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

FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L22752** (4)

1. Corporation Name
MARGAS INC.

Principal Place of Business
10292 ALLAMANDA BLVD.
PALM BEACH GARDENS FL 33410
US

Mailing Address
10292 ALLAMANDA BLVD.
PALM BEACH GARDENS FL 33410-5216
US



3. Date Incorporated or Qualified **10/13/1989** 3a. Date of Last Report **02/19/1996**

2. Principal Place of Business
21 **8412 NATIVE DANCER RD E.** 2a. Mailing Address
26 **8412 NATIVE DANCER RD E.**

4. FEI Number **65-0153667** Applied For
Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 **PALM BEACH GARDENS, FL** 28 **PALM BEACH GARDENS, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **33418** 25 **USA** 29 **33418** 30 **U.S.A.**

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARNETT, CHARLES D.
10292 ALLAMANDA BLVD.
#205
PALM BEACH GARDENS FL 3346

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
8412 NATIVE DANCER RD EAST
83
84 City **PALM BEACH GARDENS FL** 85 Zip Code **33418**

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE *Charles D. Barnett* DATE **1/5/96**

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DSV	<input type="checkbox"/> DELETE
NAME	BARNETT, CHARLES D.	
STREET ADDRESS	10292 ALLAMANDA BLVD.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	BRONNER, MARIAN S	
STREET ADDRESS	575 NORTH LAKE WAY	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8412 NATIVE DANCER RD EAST
1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BARNETT, MARIAN S.
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 address.

SIGNATURE: *Charles D. Barnett* **CHARLES D. BARNETT** 1/5/96 954-489-7317

CR2E034 (9/96)