FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE *CORPORATION. Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1997 DIVISION OF CORPORATIONS 97 SEP 26 PH 2: 27 DOCUMENT # SECRETARY OF STATE FALL SHASSET FLORIDA MAGNUM SERVICES INC. Principal Place of Business Mailing Address 2314 EISENHOWER TAMAHASSEE, Ft. 32310 d or Qualified 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 5/ 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JERRY A. SAMUEUS 2314 EISENHOWER 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 TAU., FL. 32310-5908 84 City Zip Code 85 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Such course was authorized by the corporation's board of directors. I hereby accept the appointment as registered proof of 10.0505, Florida Statutes. 11. Pursuant to the provisions of Sections office or registered agent, or bo agent. I am familiar with, and ac **SIGNATURE** Signature Typeo o (NOTI - Registered Agent signature required when reinstating) FIREBRAND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITL F 1.1 TITLE TERRY A. SAMUEUS NAME 1.2 NAME **CR2E034** -09/29/97--01188---024 2314 EISENHOWER STREET ADDRESS 13 STREET ADDRESS ****165,00 ****165.00 TM. Fr. 32310 CITY-ST-ZIP 14 CHY-\$1-ZIP DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 City-St-ZiP DELETE Change TITLE 3 1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 4.4 C/TY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NIME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - 7IP City-St-7iP 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 eath; that I am an officer or director of the conforation or the certification in the conforation or the certification of the conforation or the certification of the conforation or the certification of the I am an officer or director of the corporation appears in Block 12 or Block 13 if changed

SIGNATURE:

JERRY SAMUELS
MAGNUM SERVICES
2314 EISENHAUER
TALLAHASSEE, FL 32310

Request taken by: mhodges 05-28-1997

The forms you recently requested from this office are:

(1) 201. Cor Profit A/R

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

GIRSWE DID NOT REDIEVE OUR

FORM SO OUR PAYMENT IS LATE.

PREASE WAIVE THE LATE FILING

FREG. THANKS.