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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 AM 8:36

DOCUMENT # **M61562** **(8)**

1. Corporation Name
MAGNADOC, INC.

Principal Place of Business	Mailing Address
700 WASHINGTON STREET HOLLYWOOD FL 33019 US	PO BOX 840738 PEMBROKE PINES FL 33084 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/28/1987**	3a. Date of Last Report: **02/22/1994**
4. FEI Number: **65-0021435**	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 unemployment tax under Ch. 443 F.S. Florida Statutes: [ ] Yes [ ] No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BORKSON, ELLIOT P., ESQ. **700 SE THIRD AVE., SUITE 300** **FORT LAUDERDALE FL 33316**	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 this 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: (Signature of new registered agent) (If changing registered agent, signature of former agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITION/CHANGE TO OFFICERS AND DIRECTORS	
TITLE	PD	11 TITLE	[ ] Change [ ] Addition
NAME	GERVIN, STEPHEN Z.	12 NAME	
STREET ADDRESS	700 WASHINGTON STREET	13 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	14 CITY ST ZIP	
TITLE	ST	21 TITLE	[ ] Change [ ] Addition
NAME	GERVIN, SUSAN	22 NAME	
STREET ADDRESS	700 WASHINGTON STREET	23 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	24 CITY ST ZIP	
TITLE		31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate and that this filing is in accordance with the applicable provisions of 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 added to this report.

SIGNATURE: 1/12/95 305 961-3365

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER (Date) (Telephone Number)

STEPHEN Z GERVIN, PRES.

0426533 FP