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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N93000002602 (1)

Mailing Address

MAGNIFY, INC.

Principal Place of Business

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

KNOWLES, MELANIE

MELBOURNE FL 32935-2007

KNOWLES, HEATHER C

KENDALL, JEFFREY --

4279 PARKWAY-DRIVE

1535 BREEZE LANE

MELBOURNE FL

MELBOURNE FL

1535 BREEZE LN

1535 BREEZE MELBOURNE I		1535 BREEZE LN MELBOURNE FL 329	35-2007			3. Date Incorporated or Qualified 06/10/1993		ate of Last 04/23/ 1		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For		
21		26			PA 047F444			Not Applicabl		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Z(p	Country 25	Zip 29	30	ountry		This corporation has liability for in Florida Statutes		tax under ☑ No	s. 199.032,	
	9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
1535 B MELBO	registered agent, or both, in the Sta am familiar with, and accept the obl	502 and 617.1508, Florida ile of Florida. Such change igations of, Section 617.05	Statutes, the was authori 33, Florida S	83 84 above zed by tatutes	City	corporation submits this statement for the poration's board of directors. I hereby accept	FL.	changing	p Code j its registere as registered	
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable	(NOTE: Registe	ered Age	nt signature e	required when reinstating)	DATE			
12.	OFFICERS A	FICERS AND DIRECTORS 1		3.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO		
TITLE NAME	PD Knowles, Frank R	☐ DELE		TITLE NAME		D Zimmerman, Peter		Change	Additio	
STREET ADDRESS 1535 BREEZE LN		1		1.3 STREET ADDRESS		1325 Canterbury				
CITY-ST-ZIP	MELBOURNE FL	32935	1.4	1.4 CHY- ST - 7IP		Rockledge, FL 329	55			
TITLE	STD	DELE	E 2.1	2.1 TITLE				Change	Additio	
NAME	KNOWLES, MARGO L		2 2	2 NAME	}					
STREET ADDRESS	1000 5112222 211		STREET	ADDRESS						
CITY-ST-ZIP	MELBOURNE FL 32935-200)7	2.	4 CITY-5	ST-ZIP					

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5 1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

3.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

DELETE

DELETE

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DELETE

32935

Addition

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Addition

Addition

Change

Change

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FILED

May 06 1997 8:00am

Secretary of State