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FILED

Feb 25 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P92000008424 (3)

1. Corporation Name
MAGY K & S, INC.

Principal Place of Business

311 W. MARION AVE.
PUNTA GORDA FL 33950

Mailing Address

311 W. MARION AVE.
PUNTA GORDA FL 33950



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1992

4. FEI Number

65-0402531

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORLEY, SAM G.
311 W. MARION AVE.
PUNTA GORDA FL 33950

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1.1 TITLE

P

NAME

MOORLEY, SAM G.

STREET ADDRESS

90-04 VANDERVEER STR.

CITY-ST-ZIP

ONS. VILL NY 11428

1.2 TITLE

VP

NAME

MOORLEY, KUSIL S.

STREET ADDRESS

90-04 VANDERVEER STR.

CITY-ST-ZIP

ONS. VILL NY 11428

1.3 TITLE

AGY

NAME

RAMNARINE, R

STREET ADDRESS

% MAGY K & S INC., 311 W. MARION AVE.

CITY-ST-ZIP

PUNTA GORDA FL 33950

1.4 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.5 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.7 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

P/T

1.2 NAME

MOORLEY, SAM G

1.3 STREET ADDRESS

29 LAURA DRIVE

1.4 CITY-ST-ZIP

WESTBURY, NY 11590

2.1 TITLE

VP/S

2.2 NAME

MOORLEY, KUSIL S

2.3 STREET ADDRESS

29 LAURA DRIVE

2.4 CITY-ST-ZIP

WESTBURY, NY 11590

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

SAM G. MOORLEY *Sam Moorley*

02/17/98

(718) 729-9080

CR2E034 (10/97)