FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNUAL.	NUAL REPORT Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			:	
DOCUME 1. Gorporation Name	NT # P920	00008535 (6)		
MAGAN FO	OOD CORPORATION,	, INC.			
Principal Place of Business		Mailing Address		L CORDINOUS HIM HOWEN HEALTH BROWN DANIE	FERGUL BEATH BOTHT HOLD! BEIGN THIRT RUT LESS
6030 S. MILITARY TRAIL LAKE WORTH FL 33463		6030 S. MILITARY TRAIL LAKE WORTH FL 33463		į	
				3. Date Incorporated or Qualified	3a. Date of Last Report
Principal Place of	Business	2a. Mailing Address		12/02/1992 4. FEI Number	03/08/1995 Applied For
		26		65-0372713	Not Applicable
Suite, Apt. #, etc.		Suite. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Orty & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	8. This corporation has liability for	
9. !	[25] Name and Address of Cur	29 rent Registered Agent	30	Fiorida Statutes Yes 10. Name and Address of New R	□ No
		····	81 Name 7		agistereo Agent
CAPITAL CONNECTION, INC. 82 Street Address			ess (P.O. Box Number is Not Acceptab	le)	
417 E. VIRGIN SUITE 1	NA STREET			S. H.litary TR.	
TALLAHASSEE	E FL 32301			•	
			84 Cilyala	wanth	FI 85 Zip Code
or registered age familiar with, and IGNATURE	Uspecific prints a rescue of sustaining	gent and the diappedable (NOTI	Registered Agrict signature required		DATE
DP		AND DIRECTORS DELFTE	13.	ADDITIONS/CHANGES TO OFF	
ME PA	TEL, MAGAN		1.2 NAME		Change Addition
	30 S. MILITARY TR.		1.3 STREET ADDRESS		
Y-SI-ZP LAN H VD	KE WORTH FL	E DOUBLE	14 CITY-ST-ZIP		
10	C, ALEXANDER	☐ DECETE	2 1 THTLE 22 NAME		Change Addition
	30 S MILITARY TR		2 3 STREET ADDRESS		
Y-SI-ZIF LA	ke worth fl		2 4 CITY - ST - ZIP		
.1		DELETE	3 1 TIFLE		☐ Change ☐ Addition
ME FELL ADDRESS			3 2 NAME		
Y ST ZIII			3.3. STREET ADDRESS 3.4 CHY-ST-ZIP		
d t		DELETE	4 1 TITLE		Change Addition
Mŧ			4.2 NAME		Ch outside. Ch voortion
ECEL ADORESS			4 3 STREET ADDRESS		
Y-\$!-ZI!! LF			4 4 City - St - ZiP		
Mi:		DELETE	5 1 TITLE		☐ Change ☐ Addition
EFT ADDR-SS			5.2 NAME 5.3 STREET ADDRESS		
Y - S1 - ZIP			5 4 CITY - ST - ZIP		
LF .		☐ DELETE	6 1 TITLE		Change Addition
MI			6.2 NAME		_
REF ADDRESS			6.3 STREET ADDRESS		
ry-s:-≀i⊵ I⊾ I do hereby certify	that the information supolies	d with this filma is voluntarily furniel	6 4 City - St - ZiP	the exemption stated in Section 119.0	719MA Florida Contactor
outh; that I am an	officer or director of the corr		report is true and accurate	The exemption stated in Section 119.0 and that my signature shall have the s report as required by Chapter 607, Flor	

SIGNATURE: TURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date