FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000024961 (3)

MAGLICH REALTY, INC.

Principal	Piace o	f Business
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Mailing Address

4752 ACORN CIRCLE SARASOTA FL 34233 4752 ACORN CIRCLE SARASOTA FL 34233-3935

FILED May 09 1997 8:00am Secretary of State



SARASOIN FL	54240	ONIMOOTH TE OTEO DOOD			
				 Date Incorporated or Qualified 03/31/1993 	3a. Date of Last Report 05/01/1996
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 5657	Countrywalk Ln.	26 5657 Country	walkln.	65-0399865	Not Applicable
Suite, Apt. 6	#, etc.	Suite, Apt. #, etc.	,	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State 28 Scrasofa	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 343	Country	29 34233 30	Country Scarasota	8. This corporation has liability for i	intangible tax under s. 199.032, Yes \[\] No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
MAG	LICH, RICK G		81 Name		
	ACORN CIRCLE		82 Street A	Address (P.Q. Box Number is Not Acceptab	າໄດ້
SARASOTA FL 34233		57 Countrywalk L	n		
1			83	7	
			84 City	Sarasuta	FL 85 Zip Code 34 2-33
11. Pursuant t	o the provisions of Sections 607.050	2 and 607 1508 Florida Statutes.	the above named i	cornoration submits this statement for the c	jurpose of changing its registered
office or re	egistered agent, or both, in the State	of Florida, Such change was aut	horized by the corp	poration's board of directors. I hereby accep	of the appointment as registered
	m familiar with, and accept the obliga	tions of, Section 607.0505, Floric	ia Statutes.		
SIGNATURE .	Signature, typed or printed name of registered age	nt and title it applicable (NOTE: F	tog stored Agent signature	required when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	D	☐ DELFTE	1.1 7111.5		Change Addition
NAME	MAGLICH, RICK G		1.2 NAME		
STREET ADDRESS	4752 ACORN CIRCLE		1.3 STREET ADORESS	5657 Grentrywelkln	
CITY-ST-ZIP	SARASOTA FL 34233		1.4 CITY - S1 - ZIP	5657 Countrywelk in Saracota, FL 3423	· %
TITLE	0,44,00	☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME	!	
STREET ADDRESS		•	2.3 STREET ADDRESS		
CITY-ST-ZIP		ļ	2, 4 CHY-ST-7(P		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME		ļ	3.2 NAME		•
STREET ADDRESS		ļ	3.3 STREET ADDRESS		
CITY-ST-ZIP		ļ	3,4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME		!	4.2 NAME	ł	
STREET ADDRESS		:	4,3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY-ST-ZIP		
TITLE		DELETE	5.1 TITEF		Change Addition
NAME			5,2 NAME		
STREET ADDRESS			5,3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP	Į	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6,2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6,4 C(1) Y - S1 - Z(P		
14 I do herek	by certify that the information supplied	d with this filing does not qualify f	for the exemption s	tated in Section 119,07(3)(i), Florida Statute	es. I further certify that the
Informatio I am an ol appears is	n indicated on this annual report or s flicer or director of the corporation or n Block 12 or Block 13 if changed, of	uppiernental annual report is truc the receiver or trustee empower on an atlachment with an addre	e and accurate and ed to execute this r ss.	I that my signature shall have the same lege report as required by Chapter 607, Florida S	3) effect as it made under eath; that statutes; and that my name