
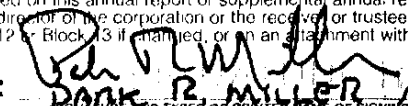


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000064011 (8) 1. Corporation Name MAGNOLIA TRADING AND EXCHANGE COMPANY			
Principal Place of Business ATTN: RANDY MILLER 215 S. MONROE ST., 2ND FLOOR TALLAHASSEE FL 32301		Mailing Address P.O. BOX 10095 TALLAHASSEE FL 32302-2095	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 09/14/1993		3a. Date of Last Report 02/28/1996	
4. FEI Number 59-3202844		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent MILLER, PARK R 1334 MILLSTREAM TALLAHASSEE FL 32312		10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	P MILLER, PARK R 1334 MILLSTREAM TALLAHASSEE FL 32312	DELETE <input type="checkbox"/>	
NAME	V CHOU, MICHAEL H 2403 WILLOW AVE TALLAHASSEE FL 32303	DELETE <input type="checkbox"/>	
STREET ADDRESS	ST CHOU, ANNIE C 2403 WILLOW AVENUE TALLAHASSEE FL 32303	DELETE <input type="checkbox"/>	
CITY-ST-ZIP	D MILLER, WENDY B 1334 MILLSTREAM TALLAHASSEE FL 32312	DELETE <input type="checkbox"/>	
	D CHU, KUO HSIUNG 2000 N MERIDIAN RD., #148 TALLAHASSEE FL 32303	DELETE <input type="checkbox"/>	
		DELETE <input type="checkbox"/>	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
1.2 NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
1.3 STREET ADDRESS		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
1.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
2.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
2.2 NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
2.3 STREET ADDRESS		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
2.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
3.2 NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
3.3 STREET ADDRESS		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
3.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
4.2 NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
4.3 STREET ADDRESS		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
4.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
5.2 NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
5.3 STREET ADDRESS		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
5.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
6.2 NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
6.3 STREET ADDRESS		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
6.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if married, or in an attachment with an address.			
SIGNATURE:  PRESIDENT _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
		Date 2/16/97 (904) 222-3533 Daytime Phone #	

CR2E034 (9/96)