

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

FILED
Mar 13 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 # P93000073482 (0)

1. Corporation Name
MAGMA CONVERSION CORPORATION



Principal Place of Business: 2340 PERIWINKLE WAY
SUITE J-3
SANIBEL ISLAND FL 33957

Mailing Address: 2340 PERIWINKLE WAY
SUITE J-3
SANIBEL ISLAND FL 33957-3220

3. Date Incorporated or Qualified: 10/22/1993
3a. Date of Last Report: 02/09/1996

2. Principal Place of Business: 21 Subj. Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address: 26 Subj. Apt. #, etc.
27 City & State
28 Zip Country
29 30

4. FEI Number: 65-0443963
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 has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RATLIFF, ROBERT L III
2340 PERIWINKLE WAY
SUITE J-3
SANIBEL ISLAND FL 33957

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reissuing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PSTD <input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	RATLIFF, ROBERT L III	12. NAME	
3. STREET ADDRESS	2340 PERIWINKLE WAY, SUITE J-3	13. STREET ADDRESS	
4. CITY - ST - ZIP	SANIBEL ISLAND FL 33957	14. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		22. NAME	
7. STREET ADDRESS		23. STREET ADDRESS	
8. CITY - ST - ZIP		24. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		32. NAME	
11. STREET ADDRESS		33. STREET ADDRESS	
12. CITY - ST - ZIP		34. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		42. NAME	
15. STREET ADDRESS		43. STREET ADDRESS	
16. CITY - ST - ZIP		44. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		52. NAME	
19. STREET ADDRESS		53. STREET ADDRESS	
20. CITY - ST - ZIP		54. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		62. NAME	
23. STREET ADDRESS		63. STREET ADDRESS	
24. CITY - ST - ZIP		64. CITY - ST - ZIP	

14. I, the undersigned, 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 included 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 395-1300

CR2E034 (9/96)