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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000086159 (9)

MAGNUS MAINTENANCE SERVICE, INC.

Principal Place of Business

Mailing Address

FILED Apr 01 1998 8:00am Secretary of State



| 38 BETHESDA PARK CIRCLE 80 BETHESDA PARK CIRCLE BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435 | | | _ | | |
|--|---|---------------------------------|-------------------------------|--|--------------------------------|
| | | | | DO NOT WRITE IN THIS 3. Date Incorporated or Qualified | 3 SPACE |
| | | | | 12/13/1993 | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 261 | 1 SW 4th st | 26 2-6/1 5 V | N 4 - 15+ | 65-0452304 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| City & State | | City & State | | | Fee Required |
| 23 Boy | nton Beach PL | City & State 28 Boyn | m Bch, | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 33 | 435 Country USA | | CountryUSA | This corporation owes or has paid the corporate Personal Property Tax due June 30. | Yes No |
| Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | |
| MAGNUS, KIM M | | | | | |
| 3 8 BETHESDA PARK CIRCLE BOYNTON BEACH FL 33435 | | | | ddress (P.O. Box Number is Not Acceptable) | |
| | | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| 11. Pursuant t | o the provisions of Sections 607 0502 a | and 607 1508. Florida Statutes | the above-named of | corporation submits this statement for the purpose | |
| 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, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | |
| | | | | | |
| SIGNATURE | Signature, typind or printed name of registered agent a | and title diapplicable (NOTE: I | Registered Agent signature re | equired when reinstating) DATE | |
| 12. | OFFICERS AND E | | 13. | ADDITIONS/CHANGES TO OFFICERS AN | |
| TITLE | P | . DELETE | 1.1 TITLE | | Change Addition |
| NAME | Magnus, Kim M 38 Bethesda Park-Circle | | 1.2 NAME | 2611 Sw 4+h st | |
| STREET ADDRESS | BOYNTON BEACH FL 33435 | | | 261134 4 3 | |
| CITY+ST-ZIP TITLE | BOTHTON BEACHTE 33433 | DELETE | 14 CITY-ST-ZIP 21 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 2.2 NAME | | change Addition |
| STREET ADDRESS | | | 2 3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2. 4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 4.4 CITY-ST-ZIP 5.1 TITLE | | Change Addition |
| NAME | | occent | 5.2 NAME | | C change C Mounton |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY - ST - ZIP | | 1 |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

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 rurtner certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, i rurtner certify that in 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. 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