

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000003192 (9)

1. Corporation Name

FILCON CORP.

Principal Place of Business

Mailing Address

8650 MUSTANG DR.
NAPLES FL 33962

8650 MUSTANG DR.
NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date incorporated or created

3a. Date of Last Report

01/06/1994

2. Principal Place of Business

2a. Mailing Address

21 8650 MUSTANG DR.

26 8650 MUSTANG DR.

4. FIC Number

Applied For

Not Applicable

65-0544918

Suite, Apt., #, etc.

Suite, Apt., #, etc.

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

23 NAPLES FL 33962

28 NAPLES FL

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

Zip

Country

Zip

Country

24 33962

29 33962

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAGURA, GUENTHER
8650 MUSTANG DR.
NAPLES FL 33962

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

Signature (typed or printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when operating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	PRESIDENT	☐ Change ☐ Addition
1.2 NAME	MAGURA GUENTHER	
1.3 STREET ADDRESS	8650 MUSTANG DR.	
1.4 CITY - ST - ZIP	NAPLES FL 33962	
2.1 TITLE	VICE PRESIDENT	☐ Change ☐ Addition
2.2 NAME	MAGURA PATRICIA	
2.3 STREET ADDRESS	8650 MUSTANG DR.	
2.4 CITY - ST - ZIP	NAPLES FL 33962	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption set forth in Section 199.032(1)(b), 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 or the incorporator or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an attachment with an address.

SIGNATURE:

GUENTHER MAGURA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-95 913
793-8168