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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996	1995 Y	etary of State OF CORPORATI	ONS			
1. Corporator	11430116	00007753 (4	4)				
MAGYA	AR PROPERTIES, INC.				1 1884 GC 116 1811 1811 1821 1821 1821 1821 1821 1821 1821 1821 1821 1821 1821 1	66 04 66 101 6 6165 4 8 1	614 12601 61160 kiri 4661
Principal Place		Mailing Address			s cantings and shirt debit Abitt Milit	40(1) 0016 0061 12() 10 10 00 1 0 11 00 11 11 10 0 1
3345 SOUTH SUITE 607	ERN CAY DR.	3345 SOUTHERN CAY SUITE 607	Y DR.				
JUPITER FL 33477 US		JUPITER FL 33477	JUPITER FL 33477 US		3. Date Incorporated or Qualified	3a. Date of I	ast Report
					01/24/1994		4/1995
_ 2. Principal Pt. 21]	ace of Business	2a. Mailing Address			4. FEI Number 65-0465710		Applied For
Suite, Apl.	#, etc.	Suite, Apt. #, etc.				\$	Not Applicable 8.75 Additional
City & State		27 City & State		-	Certificate of Status Desired		Fee Required
23	;	28			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Ζφ 24	Country 25	Zip 29	Country 30		8. This corporation has liability for Florida Statutes Yes		V
	9. Name and Address of Cur	rent Registered Agent	81		10. Name and Address of New F	egistered Age	nt
HOWARI	D THOMAS I						
HOWARD, THOMAS L 112 N. U.S. HIGHWAY ONE			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
TEQUESTA FL 33469			83				
			84	City		FL B	5 Zip Code
famil ar wit	ed again, or doin, in the state of Fi th, and accept the obligations of, Si Standard by ed or product name of registered as	orida. Suth change was authorication 607,0505, Florida Statute	Zeo by the corp is. IOTE Registered Agen	oration's boa		DATE	stered agent. I am
12. Il'll	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIR	
NAME	MAGYAR, JOSEPH		1.2 NAME				isige Addition
STREET ADDRESS	3345 SOTHERN CAY DRIVI	E	13 STREET				
C-TY-ST Z-P TTLF	JUPITER FL 33477 VP	DELETE	14 CHTY-S 2 1 THE	T-ZIP		☐ Ch	nange
NAM-	MAGYAR, VIOLET F	_	22 NAME	f		<u> </u>	ange
STREET ADDRESS	3345 SOUTHERN CAY DRI JUPITER FL 33477	VE .	2.3 STREET				
Çığy+Şt+ 2 iP TiftE	00FITEN FE 33477	DELETE	2 4 CITY - S 3 1 TITLE	T - ZIP		☐ Ch	nange
NAMI			3 2 NAME				
STREET ADDRESS OPY STIZE			3.3 STREET 3.4 CITY - S				
11.11		[] DELETE	4. 1 TITLE	3 - ZIF		[] Ch	nange 🔲 Addition
NAM: Carlia abrodes			4 2 NAME				
SHEET ADDRESS City St Zip			4.3 STREET 4.4 CITY-S				
PILE		DELETE	5 1 TITLE			☐ Ch	ange 🔲 Addition
NAM S1R981 ADDAFSS			5 2 NAME	NDCD500			
City \$1 Zif			5.3 STREET 5.4 CITY-SI				
III.ŧ		DELETE	6 1 TITLE			Ch	ange Addition
NAMI STREET AUDRESS			6 2 NAME 6 3 STREET	ADODECE			
CITY - ST ZIP			6.4 CITY-SI	I - ZIP			
oath; that i	THE INTUINIBATION INCIDENCE ON THIS AC	inual report or supplemental and poration or the receiver or truste	nished and does nual report is true se empowered to	not qualify f	or the exemption stated in Section 119.0 te and that my signature shall have the is report as required by Chapter 607, Flo	name laast affec	
SIGNAT	Block 12 or Block als il drianged, o	ON AN ATTAICHMENT WITH AN ACC WART OF PRINTED NAME OF SIGNING OFFICE	ress.		2.15-96 Date		
	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFIC	ER OR DIRECTOR		Date	Daytinse	Phone #