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



COR ANNU	PROFIT PORATION JAL REPORT 1996		Mortham y of State				
1. Corporation	n Name	0024681 (6)					
MAGN	ETHERAPY, INC.				I IDEHABI NID YANI DIRH DANI ADII	 	
Principal Place	of Business	Mailing Address					
760 U.S. HIGHWAY ONE SUITE 101 SUITE 101 NORTH PALM BEACH FL 33418 NORTH PALM BEACH FL							
					3. Date Incorporated or Qualified 03/30/1994	3a. Date of Last Report 06/21/1995	
2. Principal Pla 21	ace of Business	2a. Mailing Address 26			4. FEI Number 65-0478755	Applied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Not Applicable \$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & State	}	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ziρ	Country	Zip	Country	,	8. This corporation has liability for	intangible tax under s 199.032,	
24	9. Name and Address of Current		30		Florida Statutes Yes 10. Name and Address of New F	No No	
			81	Name		Togistated Agent	
DINAPOLI, LISANNE 82 Street Addr.				Address (P.O. Box Number is Not Acceptab	ole)		
	760 U.S. HIGHWAY ONE SUITE 101						
	NORTH PALM BEACH FL 33408						
			84	City		FL 85 Zip Code	
11. Pursuant t or register familiar wit SIGNATURE	o the provisions of Sections 607-8502 degraph, or both, in the State of Florid th, and accept the obligations of Section Spoture, typed or printed name of registered agent	COLC			orporation submits this statement for the pur board of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		
TIFLE NAME	DC ROPER, WILLIAM L	□ DELETE	1. 1 THTLE		HUBERT TIBBETS-	Change Addition	
STREET ADDRESS	760 US HIGHWAY ONE- SUIT	TE 101	1.2 NAME 1.3 STREE	I ADDRESS	125 WORTH AVE		
C:TY-ST-ZIP	NORTH PALM BEACH FL 334	08	1.4 CITY - 5		PAIM BEACH F/3	33480	
THILE	HRICAK, RICHARD		2 1 TIIL€		\mathcal{D}	Change	
NAME STREET ADDRESS	706 US HIGHWAY ONE-SUITE 101		2.2 NAME	ADDRESS			
CHTY-ST-ZIP	NORTH PALM BEACH FL 33408		2.4 City - 5				
TITLE	DV	☐ DELETE	3.1 TUTUE 72		D	D Change Addition	
NAME CARE E ADDRESCO	GALLAGHER, MICKIE 706 US HIGHWAY ONE- SUIT	32 NAME		JOSEPH KIEINKURT 215 BILLINGS ST	<i>r''</i>		
STREET ADDRESS CITY-ST-ZIP	NORTH PALM BEACH FL 33408		3.3 STREE 3.4 CITY-S	T ADDRESS	ARINGTON TEXAS	76010	
TILE	DVT	☐ DELETE		. 20	0	Change Addition	
NAMÉ	DINAPOLI, LISANNE 760 US HIGHWAY ONE-SUITI	= 101	4.2 NAME		WILLIAM WHALEY	Co. :7 = 1	
STREET ADDRESS CITY-ST-ZIP	NORTH PALM BEACH FL 334		8	ADDRESS	760 US HIGHWAY ONE		
TITLE	DV	☐ DELETE	4.4 CITY - 5 5. 1 TITLE	51 - ZIP	NORTH PAIM BEACH	Change Addition	
NAME	DEZIEL, BOB	-	5.2 NAME		DR CARLTON HAZELO		
STREET ADDRESS	760 US HIGHWAY ONE- SUIT NORTH MIAMI BEACH FL 334			ADDRESS	ONE BAYLOR PLACE		
CITY-ST-ZIF TITLE	D D D D D D D D D D D D D D D D D D D	DELETE	5 4 CITY - 5 6 1 TIT E		HOUSTON TEXACTT	<i>O 30</i> ☐ Change ☐ Addition	
NAME	CRALLE, RAY	[Decere	6.2 NA YE			□ Change □ Rabition	
STREET ADDRESS	760 US HIGHWAY ONE-SUITI	E 101	63 ST F1	ADDRESS			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certify that the information indicated on this annual report or supplemental annual report in the end that I am an officer or director of the corporation or the receiver or trustee empower to example an annual report or an attachment with an address. es not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further ue and accurate and that my signature shall have the same legal effect as if made under to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

Oper

NORTH MIAMI BEACH FL 33408

407-625-0462