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Apr 22 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 # P94000071896 (2)

1. Corporation Name
MAGNAGHI BARRINGER INCORPORATED

JAN 08 1997



Principal Place of Business
4720 SE 15TH AVE SUITE 212
CAPE CORAL FL 33904

Mailing Address
P.O. BOX 1405
CAPE CORAL FL 33910-1405
US

3. Date Incorporated or Qualified 09/30/1994	3a. Date of Last Report 02/08/1996
4. FEI Number 65-0923066	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1765 E. CAPE CORAL PKWY Suite, Apt. #, etc. 22 # 206 City & State 23 CAPE CORAL, FL Zip 24 33904 Country 25 USA	2a. Mailing Address 26 1765 E. CAPE CORAL PKWY Suite, Apt. #, etc. 27 # 206 City & State 28 CAPE CORAL, FL Zip 29 33904 Country 30
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9. Name and Address of Current Registered Agent

LUMSDEN, DENNIS J
6719 WINKLER RD SUITE 121
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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]* DATE: *[Signature]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGNAGHI/BARRINGER, SHELLEY	1.2 NAME	
STREET ADDRESS	4720 SE 15TH AVE SUITE 212	1.3 STREET ADDRESS	1765 E. CAPE CORAL PKWY #206
CITY-ST-ZIP	CAPE CORAL FL 33904	1.4 CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRINGER, DAVID E	2.2 NAME	
STREET ADDRESS	4720 SE 15TH AVE SUITE 212	2.3 STREET ADDRESS	1765 E. CAPE CORAL PKWY #206
CITY-ST-ZIP	CAPE CORAL FL 33904	2.4 CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 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]* DATE: 4/10/97 941.942.2215

CR2E034 (9/96)