

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 06 1997 8:00am
Secretary of State

DOCUMENT # P94000089462 (3)

1. Corporation Name

CHRISTINA R. MAGAZ, L.C.S.W., INC.

Principal Place of Business

1235 PARK POINTE LANE
WINTER PARK FL 32789

Mailing Address

1235 PARK POINTE LANE
WINTER PARK FL 32789-1326



2. Principal Place of Business

21 255 W. LAKEMONT AVE

Suite, Apt. #, etc.

22 Suite 211

City & State

23 WINTER PARK

Zip

24 32792

Country

25 USA

2a. Mailing Address

26 SAA

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

12/08/1994

3a. Date of Last Report

06/20/1996

4. FEI Number

59-3281474

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAGAZ, CHRISTINA R L.C.S.W.
1235 PARK POINTE LANE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

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

CHRISTINA R. MAGAZ L.C.S.W.

2/26/97

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME: MAGAZ, CHRISTINA R L.C.S.W.
STREET ADDRESS: 1235 PARK POINTE LANE
CITY-ST-ZIP: WINTER PARK FL 32789

TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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:

CHRISTINA R. MAGAZ L.C.S.W.

Date

Daytime Phone

800002106688
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***165.00

4/3/97

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2/26/97

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