

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 12 1997 8:00am  
Secretary of State

DOCUMENT # P95000058568 (3)

1. Corporation Name  
**MAGNA VISION, INC.**



Principal Place of Business      Mailing Address  
**326 TROON COURT**      **P.O. BOX 703022**  
**NEW SMYRNA BEACH FL 32170**      **NEW SMYRNA BEACH FL 32170-3022**

2. Principal Place of Business      2a. Mailing Address

21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

22 City & State      27 City & State

23 Zip      Country      28 Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**FLETCHER, CHARLES J**  
**326 TROON COURT**  
**NEW SMYRNA BEACH FL 32170**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL** 85 Zip Code

10. Name and Address of New Registered Agent

3. Date Incorporated or Qualified

**07/27/1995**

3a. Date of Last Report

**12/02/1996**

4. FEI Number

**59-3336392**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

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

☐ Yes

☒ No

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 title if applicable to

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE      ☐ DELETE  
NAME      **P FLETCHER, CHARLES J**  
STREET ADDRESS      **326 TROON CT.**  
CITY - ST - ZIP      **NEW SMYRNA BEACH FL**

TITLE      ☐ DELETE  
NAME      **S FLETCHER, HELEN S**  
STREET ADDRESS      **7 VALLEX RD.**  
CITY - ST - ZIP      **SPARTAN NJ 07871**

TITLE      ☐ DELETE  
NAME      **VP FLETCHER, JEFFREY C**  
STREET ADDRESS      **7 VALLEY RD.**  
CITY - ST - ZIP      **SPARTAN NJ 07871**

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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000000

CR2E034 (9/96)

Feb 7, 1997 904 427 7982  
201 827 4143