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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sanora B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000059825 (6)**

1. Corporation Name

SIGNATURE:

MAGNUS CANEM ENTERPRISES, INC.

Mailing Address Principal Place of Business 777 S. FLAGLER DRIVE 777 S. FLAGLER DRIVE SUITE 310 EAST SUITE 310 EAST W. PALM BEACH FL 33401 W. PALM BEACH FL 33401 3a. Date of Last Report 3. Date Incorporated or Qualified 08/01/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Zip Florida Statutes Yes No

10. Name and Address of New Registered Agent 30 25 29 24 9. Name and Address of Current Registered Agent 81 Name EQUELS, JUDITH D Street Address (P.O. Box Number is Not Acceptable) 82 777 S. FLAGLER DRIVE 83 **SUITE 310 EAST** W. PALM BEACH FL 33401 City 85 Zip Code 84 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 agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0605, Florida Statutes. SIGNATURE DATE Signature typed or contest as enforcement a large day of the flags kilder CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition [] DELETE 1 1 TITLE TITLE OLSZEWSKI, LARRY J 1.2 NAME NAME 777 S. FLAGLER DRIVE, SUITE 310 EAST 1.3 STREET ADDRESS STREET ADDRESS W. PALM BEACH FL 33401 1.4 CHY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2 1 TILE TITLE 2.2 NAME NAME 2.3 STREET AUDRESS STREET ADDRESS 2.4 CITY+ST_ZIP CITY - ST-ZIP Change Addition DELETE 3 1 TUTLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHTY - ST - ZIP CITY-ST-ZIP Addition DELETE ☐ Change 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - 2IP Change ☐ Addition DELETE 5 1 THLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CI** - ST - ZIP CITY-ST-ZIP DELETE Change ncitibbA [6.1301.6 TiTLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is vicunitarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 ampowered to execute this report as required by Chapter 637, Florida Statutes; and that my name appears in Block 13 if changed, or on an attrichment with a partiess.