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Feb 11 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 # P96000014247 (6)

1. Corporation Name

MAGNOLIA ROBINSON MANAGEMENT, INC.



Principal Place of Business
840 NORTH ORANGE AVENUE
ORLANDO FL 32801

Mailing Address
340 NORTH ORANGE AVENUE
ORLANDO FL 32801-1611

2. Principal Place of Business

2a. Mailing Address

21 105 E. Robinson

26 P. O. Box 3628

22 Suite 201

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Orlando, FL

29 Orlando, FL

25 Zip Country

30 Zip Country

24 32801

25 USA

29 32802-3628

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

02/15/1996

4. FEI Number

Applied For

59-3366556

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

10. Name and Address of New Registered Agent

ALLEN, THOMAS R
340 NORTH ORANGE AVENUE
ORLANDO FL 32801

81 Name

Allen, Thomas R.

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

105 E. Robinson Street

83

Suite 201

84 City

Orlando

FL

85 Zip Code

32801

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/S/T/D

1.2 NAME ALLEN, THOMAS R.

1.3 STREET ADDRESS 105 E. Robinson, Suite 201

1.4 CITY-ST-ZIP Orlando, FL-32801

2.1 TITLE VP

2.2 NAME LANG, THOMAS F.

2.3 STREET ADDRESS 105 E. Robinson, Suite 201

2.4 CITY-ST-ZIP Orlando, FL-32801

3.1 TITLE VP

3.2 NAME MORRISON, ROBERT W.

3.3 STREET ADDRESS 105 E. Robinson, Suite 201

3.4 CITY-ST-ZIP Orlando, FL-32801

4.1 TITLE VP

4.2 NAME CUROTTO, Donald

4.3 STREET ADDRESS 105 E. Robinson, Suite 201

4.4 CITY-ST-ZIP Orlando, FL-32801

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

407/422-8250

SIGNATURE:

SIGNATURE

Thomas R. Allen, Pres. 1/13/97

CR2E034 (9/96)