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FILED
Mar 14 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 # P96000014522 (2)

1. Corporation Name
MAGNET OF TAMPA BAY, INC.

Principal Place of Business
3714 HORATIO STREET
TAMPA FL 33609

Mailing Address
3714 HORATIO STREET
TAMPA FL 33609-3918

3. Date Incorporated or Qualified 02/12/1996	3a. Date of Last Report
4. FEI Number 59-3360703	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1765 LAKEVIEW RD Suite, Apt. #, etc. 22 City & State 23 CLEARWATER FL Zip 24 34616 Country 25	2a. Mailing Address 26 1765 LAKEVIEW RD Suite, Apt. #, etc. 27 City & State 28 CLEARWATER FL Zip 29 34616 Country 30
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9. Name and Address of Current Registered Agent SCAGLIONE, THOMAS E 3714 HORATIO STREET TAMPA FL 33609	10. Name and Address of New Registered Agent 81 Name SCAGLIONE, THOMAS E. 82 Street Address (P.O. Box Number is Not Acceptable) 13014 N. DALE MABRY HWY STE 313 83 84 City TAMPA FL 85 Zip Code 33618
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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 (applicable)

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

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SCAGLIONE, THOMAS E 13014 N DALE MABRY HWY STE 313 TAMPA FL 33618	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D WARNER, GEORGE C 3411 TACON STREET TAMPA FL 33629	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D COOK, JAMES C 1765 LAKEVIEW ROAD CLEARWATER FL 33516	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	JAMES COOK, JAMES W.
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CLEARWATER FL 34616
TITLE	D FURGASON, DUAYNE J 3840 102ND PLACE CLEARWATER FL 34611	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		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		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:

James W. Cook

JAMES W. COOK

3/11/97

813-443-6600

CR2E034 (9/96)