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

PROFIT CORPORATION ANNUAL REPORT

SUITE 305

BOCA RATON FL 33431



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P96000022821 (8)

MAG	ing ventures, inc.				
Principal Piace of Business 1900 GLADES ROAD SUITE 305 BOCA RATON FL 33431		Mailing Address 1900 GLADES ROAD SUITE 305 BOCA RATON FL 33431		DO NOT WRITE IN THIS SPACE	
2. Principal	Place of Business	2a. Mailing Ad	dress	4. FEI Number	Applied Fo
21		26		65-0663353	Not Applica
Suite, Ap	ot #, etc.	Suite, Apt	#, etc.	5. Certificate of Status Desired	\$8.75 Additiona Fee Required
City & St	alo	City & Stat	e	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation owes or has paid the or Personal Property Tax due June 30.	urrent year Intangible
	9. Name and Address of Co	urrent Registered Agen	t	 Name and Address of New Registere 	d Agent
	STAUBER, PETER 1900 GLADES ROAD		81 Name	Address (P.O. Box Number is Not Acceptable)	

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, in both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

64 City

agent. I am familiar with, and account the advigations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, type-disc product of the product report and their signature is applicable (NOTE Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD DELETE	1.1 TITLE	Change Addition				
NAME	STAUBER, PETER	1.2 NAME					
STREET ADDRESS	1900 GLADES ROAD SUITE 305	1.3 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY - ST - ZIP					
TITLE	☐ DELETE	21 TITLE	Change Addition				
NAME		2.2 NAME					
STREET ADDRESS		2.3 STREET ADDRESS					
CITY - \$T - ZIP		2.4 CITY-ST-ZIP					
TITLE	DELETE	31 TIFLE	Change Addition				
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4. CITY - ST - ZIP					
TITLE	☐ DELETE	4.1 TITLE	Change Addition				
NAME		4. 2 NAME					
STREET ADORESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	☐ DELETE	5 1 TIFLE	Change Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY - ST - ZIP		5.4 CITY - ST - ZIP					
TITLE	DELETE	6.1 TITLE	Change Addition				
NAME		6.2 NAME					
STREET ADDRESS		63 STREET ADDRESS					

14. Thereby 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 inchapted or on an attachment with an address.

SIGNATURE:

Peter STAUGER

FILED

Feb 17 1998 8:00am

Secretary of State

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

Zip Code

B5