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FILED

May 16 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 # P96000030236

1. Corporation Name

MAGNETT CONSULTING, INC.

Principal Place of Business

Mailing Address

2327 DESTINY WAY  
ODESSA, FL 33556

2327 DESTINY WAY  
ODESSA, FL 33556

2. Principal Place of Business

21 2327 DESTINY WAY

2a. Mailing Address

26 2327 DESTINY WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ODESSA, FL

City & State

28 ODESSA, FL

Zip

Country

24 33556

25 USA

Zip

Country

29 33556

30 USA

3. Date Incorporated or Qualified

3-25-96

3a. Date of Last Report

4. FEI Number

59-3374836

Applied For

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

9. Name and Address of Current Registered Agent

DOMINICK F. MAGGIO  
519 LANTERN CIRCLE  
TAMPA, FL 33617

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 and agree to accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

DOMINICK F. MAGGIO DOMINICK F. MAGGIO

5/5/97

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

DATE

12. OFFICERS AND DIRECTORS

1000 DOMINICK F. MAGGIO ☐ DELETE  
NAME 519 LANTERN CIRCLE  
STREET ADDRESS TAMPA, FL 33617  
CITY-STATE-ZIP

D MAGGIO, DOMINICK F. ☐ DELETE  
NAME 519 LANTERN CIRCLE  
STREET ADDRESS TAMPA, FL 33617  
CITY-STATE-ZIP

DST KROMBIE, KELLY A. ☐ DELETE  
NAME 5040 FANNINGWORTH LANE  
STREET ADDRESS N. PORT RICHEY, FL 34653  
CITY-STATE-ZIP

CD CORNETT, EUGENE L. II ☐ DELETE  
NAME 21437 CLUBSIDE LOOP  
STREET ADDRESS LUTZ, FL 33549  
CITY-STATE-ZIP

D KLEIN, NORMAN J. ☐ DELETE  
NAME 60 ALBERT PATTON, P.O. BOX 481-G  
STREET ADDRESS GRAND CAYMAN, CAYMAN IS. BWI  
CITY-STATE-ZIP

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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-05/30/97--01044--029  
\*\*\*165.00

14. I 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 a president -

SIGNATURE: DOMINICK F. MAGGIO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOMINICK F. MAGGIO 5/5/97

Date

813  
372-0368

Daytime Phone #

CR2E034 (9/96)