

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000030236 (9)**

1. Corporation Name

MAGNETT CONSULTING, INC.



Principal Place of Business 2322 DESTINY WAY 08000A FL 33000	Mailing Address 2322 DESTINY WAY 08000A FL 33000
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 15350 Amberly Dr. Suite, Apt. #, etc. 22 4411 City & State 23 Tampa, FL. Zip 24 33647		2a. Mailing Address 26 P.O. Box 1597 Suite, Apt. #, etc. 27 City & State 28 Lutz, FL. Zip 29 33548-1597		3. Date Incorporated or Qualified 03/25/1996	
25 Hillsborough		30 Hillsborough		4. FEI Number 59-3374836	
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business		2a. Mailing Address		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business		2a. Mailing Address		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MAGGIO, DOMINICK F. 510 LANTERN CIRCLE TAMPA FL 33617		10. Name and Address of New Registered Agent 81 Name EUGENE L. CORNETT 82 Street Address (P.O. Box Number is Not Acceptable) 15350 Amberly Dr. 83 Suite 4411 84 City TAMPA FL 85 Zip Code 33647	
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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, 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  **EUGENE L. CORNETT** **4/17/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGGIO, DOMINICK F.	1.2 NAME	
STREET ADDRESS	510 LANTERN CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGGIO, DOMINICK F.	2.2 NAME	
STREET ADDRESS	510 LANTERN CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617	2.4 CITY-ST-ZIP	
TITLE	DST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROMANO, KELLY A.	3.2 NAME	
STREET ADDRESS	5040 FARNOWORTH LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. PORT RICHEY FL 34060	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNETT, EUGENE L II	4.2 NAME	
STREET ADDRESS	21437 CLUBSIDE LOOP	4.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, NORMAN J	5.2 NAME	
STREET ADDRESS	%ALBERT PANTON STREET, P. O. BOX 481-G	5.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND CAYMAN, CAYMAN ISLANDS BWI	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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  **EUGENE L. CORNETT** **4/17/98**

CR2E034 (10/97)