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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600031448 (9)

FIRST MAGNUM CORPORATION

										-{					
Principal Place of Business Mailing Address										* ************************************					
777 SOUTH FLAGLER DRIVE SUIT 600E W PALM BEACH FL 33401				777 SOUTH FLAGLER DRIVE SUIT 900E W PALM BEACH FL 33401-6125											
							3. Date Incorporated or Qualified 3a. Date of Last Report 04/10/1996								
2. Principal F 11 125		ness Avenue	2a. 26	Mailing Ac		се	Вох	114	 7	4. FEI Number 65-0664262				plied For LApplicabl	
Sulte, Apt. 2 Sult	#, etc.	314	27	Suite, Apt.	#, etc.					5. Certificate of Status Desired		<b>T</b>		dditional quired	
City & State Palm Beach, FL				City & State 28 Palm Beach, FI						Election Campaign Financing     Trust Fund Contribution			\$5.00 May Be Added to Fees		
Zip 3348	30	Country 25 USA	29	Zip 33480	)~114		Country USA			This corporation has liability     Florida Statutes	for intangible		der s.	199.032,	
		and Address of Curren	t Regis	tered Agen	ıl					10. Name and Address of New	Registered .	Agent			
RIDOLFO, PHILLIP T JR.							81	Name							
777 SOUTH FLAGLER DRIVE							82	82 Street Address (P.O. Box Number is Not Acceptable)							
SUITE BOOE											·				
							83								
							84	84 City FL 85 Zip Code						ode	
office or agent. I a SIGNATURE	am <b>ia</b> miliar w	gent, or bolh, in the State lith, and accept the obliga- d or printed name of registered age	ations of	I, Section 60	07.0505, FI	lorida	Statutes	<b>\$</b> .		on's board of directors. I hereby ac 4/25/99 d when reinstating)	-1/29/		nt as r	egistered	
12.		OFFICERS AN	D DIREC				13.			ADDITIONS/CHANGES TO OF	FICERS AND	DIREC	TORS	3 IN 12	
TITLE	D				DELETE		1 1 TITLE					Cha	ange	Additio	
NAME		SON, THOMAS M					1.2 NAME								
STREET ADDRESS		RTH AVENUE SUITE 3	318				1.3 \$1REE1	ADDRESS							
CITY-ST-ZIP	PALM 8	EACH FL 33480					1.4 CITY - S	11 - ZIP						-	
TITLE				Ц	DELETE		21 TITLE		]			☐ Ch	ange	Additio	
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							4. 2 NAME	ADDRESS							
STREET ADDRESS						- 1	4.3 STREET								
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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

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY - ST - ZIP

CIGNATURE.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

omag M. Hoverson Broad do

DELETE

129/97

561 835-0520

Addition

**FILED** 

May 01 1997 8:00am

Secretary of State