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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000061820**

MAGNE-CARE PRODUCTS, INC.

FILED Feb 18, 1999 8:00 am Secretary of State

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| OCALA FL 34474 Common Com | Principal Place of Business Mailing Address | | | | | | 1 laginesi (16 littis attit astit estit estit etter tiret tiret ten | | |
| 2. Principal Place of Business | | | | SUITE 42 | I | | DO NOT WRITE IN THIS SPACE | | |
| 2. Principal Piece of Business 2. Mailing Address 4. FEI Number Applied For Applied For Sulfe, Apf. #, etc. 28 Sulfe, Apf. #, etc. 5. Cartificate of Status Desired \$8.75 Additional Sulfe, Apf. #, etc. 27 Sulfe, Apf. #, etc. 5. Cartificate of Status Desired \$8.75 Additional Sp. 70 Additional Sp | | | | | | | 3. Date Incorporated or Qualifed | | |
| Sulfin, Apt. #. etc. 28 | 2 Principal Place of Business 2a Mailing Address | | | | | | | | |
| Sulfe, Apt. 8, etc. Sulfe, Apt. 8, etc. Sulfe, Apt. 8, etc. Sulfe, Apt. 8, etc. Sulfe, Apt. 8, etc. Sulfe, Apt. 8, etc. City & State | | | | | | | | | |
| City & State City & State City & State City & State City & State City & State City Country City City City Country City | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | - Contitante of Status Desired | | |
| Zip | | Э | — · | | | | | | |
| 9, Name and Address of Current Registered Agent YAGER, STEPHEN C 2452 N.E. 3RD STREET OCALA FL 34470 81 Name 42 City FL 85 Zip Code 44 City FL 85 Zip Code 45 City FL 85 Zip Code 46 City FL 85 Zip Code 47 City FL 85 Zip Code 48 City FL 85 Zip Code 48 City FL 85 Zip Code 49 City FL 85 Zip Code 40 City FL 85 Zip Code 41. Pursuant to the provisions of Sections 697,0502 and 697,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I milliant with, and accept the obligations of Section 507,5506, Florida Statutes, the above-named corporation's poard of directors. I hereby accept the appointment as registered agent. I milliant with, and accept the obligations of Section 507,5506, Florida Statutes. SIGNATURE Signature, types or printed name of registered agent and the Fasticane. In the Composition's poard of directors. I hereby accept the appointment as registered agent. I milliant with, and accept the obligation of Section 607,5506, Florida Statutes. SIGNATURE D PROCHEFORT, WALTER H 12 NAWE 12 NAWE 13 STREET ADDRESS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 STREET ADDRESS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14 CITY ST.2P TITLE D CALLA FL 34474 DELETE 13 STREET ADDRESS 13 STREET ADDRESS 13 STREET ADDRESS 14 CITY ST.2P DELETE 14 ITTLE 15 STREET ADDRESS 15 STREET ADDRESS 16 STREET ADDRESS 17 ST.2P TITLE 18 DELETE 18 STREET ADDRESS 18 STREET ADDRESS 19 STREET ADDRESS | | Country | Zip | Cou | ntry | | | | |
| YAGER, STEPHEN C 2452 N.E. 3RD STREET OCALA FL 34470 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the component of properties in submits this statement for the purpose of changing list registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing list registered agent, and tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes, the component of properties in specific agent, and tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes, the component of the purpose of changing list registered agent, and tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes, the component of the purpose of changing list registered agent agent and the purpose of changing list registered agent ag | 24 | 25 | 29 | 30 | | | 1 Siconal Toponty Tall | | |
| YAGER, STEPHEN C 2452 N.E. 3RD STREET OCALA FL 34470 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 697.0502 and 697.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 697.0502 from accept the obligations of, Section 697.0505, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 697.0505, Florida Statutes. SIGNATURE 3001. Portion of period name or registered agent and the flightnown. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. TITLE | | 9. Name and Address of Currer | nt Registered Agent | | | | 10. Name and Address of New Registered Agent | | |
| 2452 N.E. 3RD STREET OCALA FL 34470 2452 N.E. 3RD STREET OCALA FL 34470 25 Street Address (P.O. Box Number is Not Acceptable) 26 City 27 FL 28 S Zip Code 28 City 28 City 28 City 29 Code 20 City 20 Ci | | | | | 81 | Name | | | |
| OCALA FL 34470 83 | | | | | 82 | Street Addre | ress (P.O. Box Number is Not Acceptable) | | |
| T. 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 this 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, 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D CHANGE STREET ADDRESS 3101 S.W. 34TH AVENUE, SUITE 421 1.3 STREET ADDRESS 3101 S.W. 34TH AVENUE, SUITE 421 1.3 STREET ADDRESS 3101 S.W. 34TH AVENUE, SUITE 421 2.3 STREET ADDRESS 3101 S.W. 34TH AVENUE, SUITE 421 2.3 STREET ADDRESS 3101 S.W. 34TH AVENUE, SUITE 421 2.3 STREET ADDRESS 3101 S.W. 34TH AVENUE, SUITE 421 3.3 STR | | | | | 83 | | | | |
| 11. Pirquant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this atterment for the purpose of changing this registered segent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. | | | | | 84 | City | FL 85 Zip Code | | |
| SIGNATURE True DELETE STREET ADDRESS CITY-ST-ZP | office or re | egistered agent, or both, in the State | of Florida. Such change was a | uthorized | by t | the corporatio | poration submits this statement for the purpose of changing its registered | | |
| 12. | , | , , , , , , , , , , , , , , , , , , | | | | | ; | | |
| TITLE | SIGNATURE | Signature, typed or printed name of registered age | nt and title if applicable. (NOTE | Registered | Agent | t signature required | d when reinstating) DATE | | |
| NAME ROCHEFORT, WALTER H 12 NAME 13 STREET ADDRESS 20 CALA FL 34474 14 CITY-ST-ZIP 14 CITY-ST-ZIP 14 CITY-ST-ZIP 15 CITY-ST-ZIP 15 CITY-ST-ZIP 16 CITY-ST-ZIP 16 CITY-ST-ZIP 17 CITY-ST- | 12. | OFFICERS AN | ID DIRECTORS | 13. | | | | | |
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| | CITY-ST-ZIP | | | 6.4 CIT | Y-ST | r-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, with all other like empowered.

SIGNATURE