Mar 25, 1999 8:00 am Secretary of State

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000027698

1. Corporation Name

MAGELL	AN HUMAN RESOURCES,	INC.						[]						
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Principal Place	e of Business	Mail	ing Address				1	• •			, , , , , , , , , , , , , , , , , , , ,			
8240 NW 52ND	TERRACE	8240	NW 52ND TERR	RACE			-							
518 518 MANUEL 20165								חר	NOT W	DITE IN TH	US SPACE			
MIAMI FL 33166 MIAI US US			AMI FL 33166					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed						
US		US						03/24		or Quality	,0			1
<b>6</b> 5	Annual Province	1 2 - 1	Mailing Address				-	4. FEI Nui					Appli	ed For
<b>⊢</b> '	lace of Business	—————————————————————————————————————	Mailing Address				.		52994			<del>   </del>		Applicable
Suite, Apt.	# ata	26	Suite, Apt. #, etc				-					\$8.7		ditional
$\vdash$	#, etc.	27	عدية . حديث					5. Certifica	te of Status	Desired	, D		Requ	
City & State	•		City & State					6 Election	Campaign	Financin	na	\$5.0	10 14	ay Be
23	•	28	,				1		und Contrib		,a 🗆		ed to I	
Zip	Country		Zip		Country	,			rporation ov		urrent vear	Intangible		
24	25	29		30	<b>~</b>				al Property			Yes		]No
14-7)	9. Name and Address of Currer		red Agent				1	0. Name	and Addres	s of Nev	w Register	ed Agent		
					81	Name								-
	ICIA, RICHARD A					Straat	Addross	/D O Pay	Alumbar is	Not Acce	ntable)			
1200	NW 78TH AVE, SUITE 403				82	82	HO	كثاثا	Number is	a Te	~~~~ce			
MIAN	MI FL 33126				83					-				
							0 1 TO	518				11-		
					84	City	\ 1 <b>a</b> Y	11			F		ip Co 316	
11. Pursuant	to the provisions of Sections 607.050	02 and 607	7.1508, Florida S	Statutes,	the abov	e-named	COMPORAL	tion cultimit	s this stater	nent for t	he ournose	of changing	its re	nistered
l office or n	egistered agent, or both, in the State.	of Florida	. Such change v	was auth	iorized by	the earn	oration's	board of d	irectors. I h	ereby ac	cept the ap	pointment as	s regis	stered
onico di i	m familia-with, and account the obliga-	ations of S	Section 607 050	5 Florid	a Statutes	ule corp	01410110			-				
agent. I a	m familiar with, and accept the obliga	ations of, S	section 607.050	5, Floria	a Statutes	S.	0.000.0				/15/	199		
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP