


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

FILED

May 07 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 # S30947 (3)					
1. Corporation Name MAGNA, INC.					
Principal Place of Business 300 SOUTH JOHN RODES BLVD MELBOURNE FL 32904			Mailing Address 300 SOUTH JOHN RODES BLVD MELBOURNE FL 32904-1008		
2. Principal Place of Business 21 5125 NW 135 Street Suite Apt. # etc.		2a. Mailing Address 26 P.O. Box 175 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/12/1991	
22 City & State 23 Lowell, FL Zip Country 24 32663 USA		27 City & State 28 Lowell, FL Zip Country 29 32663 USA		3a. Date of Last Report 01/22/1996	
9. Name and Address of Current Registered Agent NOHRR, P.F. 100 RIALTO PLACE SUITE 800 MELBOURNE FL 32901				4. FEI Number 59-3050395 Applied For Not Applicable	
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				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					
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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUDELIS, DRASUTIS		1.2 NAME	Peciukevicius Vytautas	
STREET ADDRESS	5125 NW 125TH ST POB 174		1.3 STREET ADDRESS	5125 NW 135 Street	
CITY-ST-ZIP	LOWELL FL		1.4 CITY-ST-ZIP	Lowell, FL 32663	
TITLE	O	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMMEL, CAROL A		2.2 NAME	Peciukevicius, Linas	
STREET ADDRESS	300 S. JOHN RODES BLVD.		2.3 STREET ADDRESS	2330 SW Williston Rd. 2334	
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP	Gainesville, FL 32608	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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 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.					
SIGNATURE: L. Peciukevicius		Date: 04-30-97		Daytime Phone #: (352) 336-5846	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)