

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S68719**

(1)

1. Corporation Name

MAGNUM MOTORS, INC.

Principal Place of Business

**4802 WEST CAYUGA STREET
TAMPA FL 33614**

Mailing Address

**4802 WEST CAYUGA STREET
TAMPA FL 33614**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1991

3a. Date of Last Report

07/22/1994

4. FEI Number

59-3082350

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

**CASTELLANO, LISA M.
601 BAYSHORE BLVD, STE 750
TAMPA FL 33606**

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

11. Pursuant to the provisions of Sections 607.01402 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the place indicated in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the provisions of Sections 607.01402, Florida Statutes.

SIGNATURE

(Signature of the person who is authorized to sign this report on behalf of the corporation)

(Signature of Registered Agent or of an authorized agent of the agent)

(Date)

12. OFFICERS AND DIRECTORS

1. NAME

2. TITLE

3. STREET ADDRESS

4. CITY, ST, ZIP

**D
CASTELLANO, DIANA
4510 BROOKWOOD DRIVE
TAMPA FL**

5. NAME

6. TITLE

7. STREET ADDRESS

8. CITY, ST, ZIP

9. NAME

10. TITLE

11. STREET ADDRESS

12. CITY, ST, ZIP

13. NAME

14. TITLE

15. STREET ADDRESS

16. CITY, ST, ZIP

17. NAME

18. TITLE

19. STREET ADDRESS

20. CITY, ST, ZIP

21. NAME

22. TITLE

23. STREET ADDRESS

24. CITY, ST, ZIP

25. NAME

26. TITLE

27. STREET ADDRESS

28. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

2. TITLE

3. STREET ADDRESS

4. CITY, ST, ZIP

5. NAME

6. TITLE

7. STREET ADDRESS

8. CITY, ST, ZIP

9. NAME

10. TITLE

11. STREET ADDRESS

12. CITY, ST, ZIP

13. NAME

14. TITLE

15. STREET ADDRESS

16. CITY, ST, ZIP

17. NAME

18. TITLE

19. STREET ADDRESS

20. CITY, ST, ZIP

21. NAME

22. TITLE

23. STREET ADDRESS

24. CITY, ST, ZIP

25. NAME

26. TITLE

27. STREET ADDRESS

28. CITY, ST, ZIP

14. I, the undersigned, certify that the information required on this form is voluntarily furnished and does not qualify for the exemption stated in Section 112.03(7)(b), Florida Statutes. Further, I 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (above) and, or on an attachment, with an address.

SIGNATURE:

Diana Castellano
SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.
Date

813-286-1000
Telephone Number