

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 5:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S80043**

(0)

1. Corporation Name

MAGIMEX INTERNATIONAL, INC.

Principal Place of Business

**513 PECK AVE
FT MYERS FL 33908
US**

Mailing Address

**513 PECK AVE
FT. MYERS FL 33919
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1991

3a. Date of Last Report

07/08/1994

4. FEI Number

59-3086571

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**

7. This corporation has liability for intangible tax under s. 190.01, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**CROSBIE, ALBANIA G
513 PECK AVE
FT MYERS FL 33919**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.04(3) and 607.15(3) 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 607.04(3), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent in Charge)

(Signature of Registered Agent or Registered Agent in Charge)

(Signature)

12. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	CROSBIE, ALBANIA G
STREET ADDRESS	513 PECK AVE
CITY, ST, ZIP	FT MYERS FL
TITLE	TCD
NAME	CROSBIE, ALBANIA G
STREET ADDRESS	513 PECK AVE
CITY, ST, ZIP	FT MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN:

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.01(3)(b), 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

Albania Crosbie / Albania Crosbie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER/OFFICER OR DIRECTOR

5-1-95

(813)-481-1576