SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 18 AM 10:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V08839 (5)

1. Corporation Name
MAGNETIX CORPORATION

Principal Place of Business	Mailing Address
770 W. BAY STREET WINTER GARDEN FL 34787	770 W. BAY STREET WINTER GARDEN FL 34787

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/23/1992
3a. Date of Last Report: 03/09/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-3127435 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES, INC.
11780 US HWY ONE
SUITE 300
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

01 Name: Mr. Martin Stamp
02 Street Address (P.O. Box Number is Not Acceptable): Kilgore, Pearlman, Gardner, Ornstein & Stamp, PA
03: 201 South Orange Ave., Suite 900
04 City: Orlando FL 05 Zip Code: 32802

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: Martin F. Stamp MARTIN F. STAMP 7-10-95
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	LEFORT, ROBERT J	1.2 NAME		
STREET ADDRESS	4701 NE SPINAKER POINT ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34994	1.4 CITY-ST-ZIP		
TITLE	VPS	2.1 TITLE		☐ Change ☐ Addition
NAME	CURRY, THOMAS E	2.2 NAME		
STREET ADDRESS	543 WEADLEY ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	GULF MILLS PA 19406	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	KOLBEINS, LAURIE G	3.2 NAME		
STREET ADDRESS	111 KENILWORTH ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	VILLANOVA PA 19085	3.4 CITY-ST-ZIP		
TITLE	C	4.1 TITLE		☒ Change ☐ Addition
NAME	ROBERTS, HAROLD E	4.2 NAME		
STREET ADDRESS	8425 TAMARINO WAY	4.3 STREET ADDRESS	221 Harbor Dr.	
CITY-ST-ZIP	ORLANDO FL 32810	4.4 CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: Harold E. Roberts June 13, 1995 (407) 656-4494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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