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

PROFIT CORPORATION ANNUAL REPORT

1999

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V48275 1. Corporation Name MAGNET MAKERS, INC.							02-10-1999 9	0034 018	3 ***150.	00
WAGNET	MAKENO, INO.									
Principal Place of Business Mailing Address							1 18611 611311 51831 16118 11811 18	197 Bill Bigit B)	. S41 BIBIL #1517)
2844 BANCHORY RD 2844 BANCHORY RD WINTER PARK FL 32792 WINTER PARK FL 32792						DO NOT WRITE IN THIS SPACE			•	
						3.	Date Incorporated or Qualifed			
							06/29/1992			,
2. Principal P	lace of Business	2a. Mailing Address			4.	FEI Number		Ar	pplied For	
21		26				<u> </u>	<u>59-3129375</u>			ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5.	Certifcate of Status Desired			Additional equired	
City & Stat	e	City & State	_ `			6.	Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	a '			8.	This corporation owes the cur	ent year Inta		
24	25	29 30				Ļ	Personal Property Tax.		□Yes	□No
	9. Name and Address of Currer	nt Registered Agent		81	Name	10.	Name and Address of New	Registered /	Agent	
BIDDIX, FLOYD NED					IVAITIG					
2844 BANCHORY ROAD				82	Street Addres	ss (P	.O. Box Number is Not Accept	able)		
WINTER PARK FL 32792				83				113	2 2 2 2 2 3 2 3 2 3 3 3 3 3 3 3 3 3 3 3	te da la
			L							12 Maria
1				84	City			FL	85 Zip	Code
11, Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the ab	ove-i	named corpor	ration	submits this statement for the	purpose of	changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	horized	by th	ne corporation	's bo	eard of directors. I hereby acce	of the appoir	ntment as re	gistered
SIGNATURE		,								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regist				Agent s	signature required v			DATE		
12.		ID DIRECTORS	13.				ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	PIDDIX FLOVE NED			1.1 TITLE					Change	☐ Addition
NAME	BIDDIX, FLOYD NED			1.2 NAME						
STREET ADDRESS	INITED BADIC EL ACTOS			1.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	VP			1.4 CITY-ST-ZIP 2.1 TITLE					Change	☐ Addition
NAME	BIDDIX, CHERYL	— · · · · · · · · · · · · · · · · · · ·		2.2 NAME						
STREET ADDRESS	2844 BANCHORY ROAD			2.3 STREET ADDRESS						ĺ
CITY-ST-ZIP	MINITED BADIC EL GOTOG			2.4 CITY-ST-ZIP						
TITLE	ST			3.1 TITLE			-uer.		☐ Change	Addition
NAME	BIDDIM, FRANCES	.*		3.2 NAME						
STREET ADDRESS	2844 BANCHORY RD.	3.3		3.3 STREET ADDRESS				. 10.0		
CITY-ST-ZIP			3.4. CIT	3.4. CITY-ST-ZIP				<u> </u>	180	
TITLE			4.1 TITL	4.1 TITLE			***	. •	☐ Change	☐ Addition
NAME			4. 2 NA	ME						
STREET ADDRESS			4.3 STR	REETA	DDRESS					
CITY-ST-ZIP			4.4 CITY		ZIP					
TITLE		☐ DELETE	5.1 TITL						Change	☐ Addition
NAME	•		5.2 NAN		DODGGG					
STREET ADDRESS					DORESS					
CITY-ST-ZIP		☐ DELETE	5.4 CITY 6.1 TITL		UF		•		☐ Change	☐ Addition
1 11(LC					1					

CITY-ST-ZIP 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.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED

Feb 10, 1999 8:00am

Secretary of State