

FILE NOW: Fee after May 1, will be \$263.75

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95 FEB 10 PM 2:44

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1995



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE
\$ 238.75
Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT #200606

MAGNECEL SERVICES, L.C.
14390 CARLSON CIRCLE
TAMPA FL 33626

1a. Principal Place of Business Address
14390 CARLSON CIRCLE
TAMPA FL 33626

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

2. Mailing Address		2a. Principal Place of Business		3. Date Organized or Qualified	3a. State of Formation		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/29/1992	FL		
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
Zip	Country	Zip	Country	59-3129180			
7. Name and Address of Current Registered Agent				5. Date of Last Report	6. Certificate of Status Desired		
BEKHOR, DAVID 14390 CARLSON CIRCLE TAMPA FL 33626				02/04/1994	<input checked="" type="checkbox"/> \$175 Additional Fee Required		
				8. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)		20000 1405342	
Suite, Apt. #, etc.		02/14/95 01045 008					
City		FL					
Zip		Zip Code					
		***247.50 ***247.50					

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
M	BEKHOR, DAVID	14390 CARLSON CIRCLE	TAMPA FL
M	ENTEL IRWIN MD,	14390 CARLSON CIRCLE	TAMPA FL
M	WEISS, BARRY MD	14390 CARLSON CIRCLE	TAMPA FL
MGRM	BEKHOR, DAVID	14390 CARLSON CIRCLE	TAMPA, FL

11. 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) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ Date: 1/25/95 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER