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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000045581

1. Corporation Name
MAPA HOLDING, INC.

Principal Place of Business	Mailing Address
~~2327 BARKWOOD PASS~~ ~~CLEARWATER FL 34623~~	~~2327 BARKWOOD PASS~~ ~~CLEARWATER FL 34623~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 06/13/1995

2. Principal Place of Business	2a. Mailing Address
21 5524 S. DALE MABRY HWY	26 5524 S. DALE MABRY HWY
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TAMPA FL	City & State 28 TAMPA FL
Zip 24 33611 Country 25 USA	Zip 29 33611 Country 30 USA

4. FEI Number: 59-3319393 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~MAMAS ANTONIOU~~ ~~2327 BARKWOOD PASS~~ ~~CLEARWARTER FL 34623~~	81 Name STAVROS TINGIRIDES 82 Street Address (P.O. Box Number is Not Acceptable) 2469 ENTERPRISE RD. 83 STE B 84 City CLEARWATER FL 85 Zip Code 33763

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 STAVROS TINGIRIDES 1-26-99
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	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ANTONIOU, MAMAS		1.2 NAME		
STREET ADDRESS	~~2327 BARKWOOD PASS~~		1.3 STREET ADDRESS	5524 S. DALE MABRY HWY	
CITY-ST-ZIP	~~CLEARWATER FL 34623~~		1.4 CITY-ST-ZIP	TAMPA FL 33611	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	ANTONIOU, PANTELIS		2.2 NAME		
STREET ADDRESS	~~2221 TULIP TREE LANE~~		2.3 STREET ADDRESS	5524 S. DALE MABRY HWY	
CITY-ST-ZIP	~~CLEARWATER FL 34623~~		2.4 CITY-ST-ZIP	TAMPA FL 33611	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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.

SIGNATURE: ~~MAMAS~~ SIGNATURE REQUIRED MAMAS ANTONIOU 1-25-99 813-831 6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #