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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P96000045941

1. Corporation Name  
MENNA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 36464 U.S. 19 NORTH, PALM HARBOR FL 34684, US  
Mailing Address: 36464 U.S. 19 NORTH, PALM HARBOR FL 34684, US

3. Date incorporated or Qualified: 05/23/1996

2. Principal Place of Business: 38724 U S 19 North  
2a. Mailing Address: 38724 U S 19 North

4. FEI Number: 59-3382482

22. Suite, Apt. #, etc.:  
23. City & State: Tarpon Springs, Fl. 34689  
27. Suite, Apt. #, etc.:  
28. City & State: Tarpon Springs, Fl. 34689

5. Certificate of Status Desired: \$8.75 Additional Fee Required

24. Zip: Country:  
25. Zip: Country:

6. Election Campaign Financing: \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

MENNA, JOHN G  
36464 U.S. 19 NORTH  
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): 38724 U S 19 North  
83  
84 City: Tarpon Springs, FL 85 Zip Code: 34689

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

Table with 2 main columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Name, Title, Street Address, City-ST-ZIP, and checkboxes for Delete, Change, and Addition.

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: [Signature] John G. Menna 727-938-8814  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)