

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

**FILED**

**Apr 10 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P96000076658 (9)**

1. Corporation Name  
**MENCORP, INC.**



Principal Place of Business: **38724 US HWY 19 NORTH, TARPON SPRINGS FL 34689**  
Mailing Address: **38724 US HWY 19 NORTH, TARPON SPRINGS FL 34689-3979**

3. Date Incorporated or Qualified: **09/13/1986**  
3a. Date of Last Report

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25. Country	29. Country		
30. Country			

**9. Name and Address of Current Registered Agent**

**PRATESI, EMIL G  
1253 PARK STREET  
CLEARWATER FL 34616**

**10. Name and Address of New Registered Agent**

81 Name	<b>John Menna</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>38724 U S 19 North</b>
83 City	<b>Tarpon Springs, Fl. 34689</b>
84 City	<b>FL</b>
85 Zip Code	

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **3-31-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>John Menna</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>38724 U S 19 North</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>Tarpon Springs, Fl. 34689</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>Secretary Mario Menna</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>38724 U S 19 North</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Tarpon Springs, Fl. 34689</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Treasurer - Bruno Menna</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>38724 U S 19 North</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Tarpon Springs, Fl. 34689</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *[Signature]* **John Menna** Date: **March 31, 1997** Daytime Phone #: **813-738-0046**

CR2E034 (9/96)