

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0104480

PROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address
~~38724 US HWY 19 NORTH~~ ~~38724 US HWY 19 NORTH~~
~~TARPON SPRINGS FL 34689~~ ~~TARPON SPRINGS FL 34689~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 36464 U S 19 North

2a. Mailing Address
 26 36464 U S 19 North

3. Date Incorporated or Qualified

09/13/1996

4. FEI Number
 APPLIED FOR 59-3439961

Applied For
 Not Applicable

22 Palm Harbor

27 Palm Harbor, FL

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

23 Palm Harbor, FL

28 Palm Harbor, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 34684 25 USA

29 34684 30 USA

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

MENNA, JOHN
 38724 US 19 NORTH
 TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	MENNA, JOHN	38724 US 19 N	TARPON SPRINGS FL	<input type="checkbox"/>
S	MENNA, MARIO	38724 US 19 N	TARPON SPRINGS FL	<input type="checkbox"/>
T	MENNA, BRUNO	38724 US 19 N	TARPON SPRINGS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: John G. Menna 813-772-5801

CR2E034 (5/98)