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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000056023

1. Corporation Name
MENNA BROTHERS NUMBER TWO, INC.

Principal Place of Business 5316 US HWY. 19 NEW PORT RICHEY FL 34652	Mailing Address 5316 US HWY. 19 NEW PORT RICHEY FL 34652
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	38724 U S 19 North	06/25/1997	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	
				59-3459269	
23. City & State		28. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
24. Zip		29. Zip		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MENNA, MARIO 5316 US 19 NORTH NEW PORT RICHEY FL 34652				81 Name	Agostino Menna		
				82 Street Address (P.O. Box Number is Not Acceptable)	38724 U S 19 North		
				83 City	Tarpon Springs, Fl. 34689		
				84 City	85 Zip Code	FL	

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: *Agostino Menna* Agostino Menna DATE: 4-6-99
(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	Chief Executive Officer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENNA, JOHN	1.2 NAME	38724 U S 19 North
STREET ADDRESS	5316 US 19 N	1.3 STREET ADDRESS	Tarpon Springs, Fl. 34689
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	MENNA, JOHN	2.2 NAME	
STREET ADDRESS	5316 US 19 N	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	MENNA, BRUNO	3.2 NAME	
STREET ADDRESS	28596 US 19TH N	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33761	3.4 CITY-ST-ZIP	
TITLE	XXXXXXXXXXXXXXXXXX <input type="checkbox"/> DELETE	4.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Agostino Menna
STREET ADDRESS		4.3 STREET ADDRESS	2958 Kenilwick Drive North
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Clearwater, Fl. 33761
TITLE		5.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Marco Menna
STREET ADDRESS		5.3 STREET ADDRESS	2896 Chancery Lane
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Clearwater, Fl. 33759
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Agostino Menna* Agostino Menna 727-938-8814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3-17-99 Daytime Phone #

CR2E034 (4/1/98)