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Apr 02 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 # S50427 (1)
1. Corporation Name
MPINA, INC.



Principal Place of Business: 1360 OCEAN SHORE BLVD ORMOND BEACH FL 32176
Mailing Address: 1360 OCEAN SHORE BLVD ORMOND BEACH FL 32176-3630

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	05/07/1991	02/29/1996
22	27	4. FEI Number	Applied For
City & State	City & State	59-3064279	Not Applicable
23	28	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Zip	<input type="checkbox"/>	
Country	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29	<input type="checkbox"/>	
	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<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
GREGOREK, MICHAEL F. 1360 OCEAN SHORE BLVD. ORMOND BEACH FL 32176	81 Name: Maria Pina Gregorek 82 Street Address (P.O. Box Number is Not Acceptable): 1360 Oceanshore Blvd. 83 84 City: Ormond Beach, FL 85 Zip Code: 32176

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: *Maria Pina Gregorek* DATE: 3-27-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRE <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGOREK, MICHAEL F. x	1.2 NAME	Maria Pina Gregorek
STREET ADDRESS	1360 OCEAN SHORE BLVD	1.3 STREET ADDRESS	1360 Oceanshore Blvd.
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	Ormond Beach, FL 32176
TITLE	30 <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGOREK, MICHAEL F. x	2.2 NAME	
STREET ADDRESS	1360 OCEAN SHORE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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: *Maria Pina Gregorek* 2-27-97

CR2E034 (9/96)