

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S72904** (3)

1. Corporation Name  
**MRO AMERICA, INC.**



Principal Place of Business: **C/O JOSEPH T. MASSOUD 21712 WAFFORD WAY BOCA RATON FL 33486 US**  
Mailing Address: **C/O JOSEPH T. MASSOUD P.O. BOX 812271 BOCA RATON FL 33481-2271**

3. Date Incorporated or Qualified: **08/13/1991** 3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

4.	FET Number	Applied For
	<b>59-3106894</b>	Not Applicable
5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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

**MASSOUD, JOSEPH T  
860 TANBARK DRIVE, 104  
NAPLES FL 33963**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0207 and 607.1504, 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 607.0207, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	NAME
STREET ADDRESS	STREET ADDRESS	1. STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	1. CITY-STATE-ZIP	CITY-STATE-ZIP
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	2. TITLE	NAME
STREET ADDRESS	STREET ADDRESS	2. STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	2. CITY-STATE-ZIP	CITY-STATE-ZIP
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	3. TITLE	NAME
STREET ADDRESS	STREET ADDRESS	3. STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	3. CITY-STATE-ZIP	CITY-STATE-ZIP
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	4. TITLE	NAME
STREET ADDRESS	STREET ADDRESS	4. STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	4. CITY-STATE-ZIP	CITY-STATE-ZIP
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	5. TITLE	NAME
STREET ADDRESS	STREET ADDRESS	5. STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	5. CITY-STATE-ZIP	CITY-STATE-ZIP
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	6. TITLE	NAME
STREET ADDRESS	STREET ADDRESS	6. STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	6. CITY-STATE-ZIP	CITY-STATE-ZIP
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, B, Block 13, changed, or created, in line 1, 2, or 3, as address.

SIGNATURE: *Joseph T. Massoud*  
Joseph T. Massoud, Secretary

04/24/96 (407)-361-8851

CR2E034 (12/95)