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FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 572904
1. Corporation Name: MRO AMERICA, INC.

Principal Place of Business: Mailing Address

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified: 08/13/1991

2. Principal Place of Business: 21 c/o Joseph T. Massoud, 22 5051 Castello Dr. #12, 23 Naples, FL, 24 34103, 25 USA
2a. Mailing Address: 26 c/o Joseph T. Massoud, 27 P.O. Box 260796, 28 Pembroke Pines, FL, 29 33026, 30 USA

4. FEI Number: 59-3106894
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
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

10. Name and Address of New Registered Agent
81 Name: Joseph T. Massoud
82 Street Address (P.O. Box Number is Not Acceptable): 860 Tanbark Drive #104
83
84 City: Naples, FL 85 Zip Code: 34108

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 provisions of Section 607.0505, Florida Statutes.
SIGNATURE: *Joseph T. Massoud* Joseph T. Massoud, Director April 28, 1998

12. OFFICERS AND DIRECTORS		DELETE
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	Director	<input type="checkbox"/>	<input type="checkbox"/>
12 NAME	Sandra J. Doyle		
13 STREET ADDRESS	860 Tanbark Drive #104		
14 CITY-ST-ZIP	Naples, FL 34108		
21 TITLE	Pres/Sec/Treas/Director	<input type="checkbox"/>	<input type="checkbox"/>
22 NAME	Joseph T. Massoud		
23 STREET ADDRESS	860 Tanbark Drive #104		
24 CITY-ST-ZIP	Naples, FL 34108	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME	200002519662		
53 STREET ADDRESS	-05/12/98--01019--012		
54 CITY-ST-ZIP	***158.75		
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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 in an attachment with an address.

SIGNATURE: *Joseph T. Massoud* Joseph T. Massoud 04/28/98 (954)437-4600

CR2E034 (10/97)