

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 142815 1. Corporation Name MANCO BUILDING SUPPLY, INC.			
Principal Place of Business 1308 CORAL ST TAMPA FL 33602		Mailing Address 1308 CORAL ST TAMPA FL 33602	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent MANNA, MANUEL 1308 CORAL ST. TAMPA FL 33602		10. Name and Address of New Registered Agent 81 Name GRACE MANNA 82 Street Address (P.O. Box Number is Not Acceptable) 1308 CORAL ST 83 84 City TAMPA FL FL 85 Zip Code 33602	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE P NAME MANNA, MANUEL STREET ADDRESS 1308 CORAL CITY-ST-ZIP TAMPA FL TITLE V NAME MANNA, FRANK STREET ADDRESS 1308 CORAL CITY-ST-ZIP TAMPA FL TITLE S NAME MANNA, SAM STREET ADDRESS 1308 CORAL CITY-ST-ZIP TAMPA FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE GRACE MANNA 12 NAME 1308 CORAL ST 13 STREET ADDRESS TAMPA FL 33602 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)

(2)

TOM F. FERRARO
ACCOUNTING AND TAX PREPARATION
706 W. M.L. KING, JR. BLVD.
TAMPA, FLORIDA 33603
—
TELEPHONE 229-9335

July 6, 1999

Florida Department of State
Katherine Harris
Secretary of State
P. O., Box 1500
Tallahassee, FL. 32302-1500

REF: Manco Building Supply Inc.

Dear Ms. Harris:

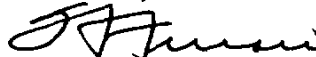
My client Mrs. grace Manna, has taken over this business since her husband passed away. Mrs. Manna has no idea how to run a business since her husband used to take care of everything.

She was not aware that the annual report was to be filed and paid by June 1st until she brought the form to me on June 30th 1999. They only bring the work to me once a year when the returns are due. I'm enclosing a copy of her husband death certificate and a check in the amount of \$150.00.

Any consideration that can be given to this matter by your office, will be greatly appreciated.

Sincerly,

TOM F. FERRARO ACCOUNTING
SERVICES, INC.



Tom F. Ferraro
President

TFF:jaf