

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandia B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 585606 (7)
1. Corporation Name
M.V.P. ENTERPRISES, INC.



Principal Place of Business: 1122 D OAK COURT, P.O. BOX 6885, CLEARWATER FL 34618-6885 US
Mailing Address: 1122 D OAK COURT, P.O. BOX 6885, CLEARWATER FL 34618-6885 US

3. Date Incorporated or Qualified: 09/06/1978
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1855346
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: PHOTOS, VICTOR B., 1122 D OAK COURT, DUNEDIN FL 34698

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), Zip Code.

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] (Print Name, Title, Date)

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	PHOTOS, VICTOR	
STREET ADDRESS	1122 D OAK COURT	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PHOTOS, VIRGINIA	
STREET ADDRESS	4100 U.S. HWY 19 N, #201	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PHOTOS, MICHAEL J.	
STREET ADDRESS	P. O. BOX 14555	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PHOTOS, MICHELLE	
STREET ADDRESS	2960 DREW ST #134	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PHOTOS, KELLY A.	
STREET ADDRESS	4100 U.S. HWY 19 N, #201	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PHOTOS, VIRGINIA
23 STREET ADDRESS	P.O. BOX 14555 N/A
24 CITY-ST-ZIP	CLEARWATER FLA 34629
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	MICHELLE PHOTOS MCINTIRE
43 STREET ADDRESS	125 110TH AVENUE #3
44 CITY-ST-ZIP	TREASURE ISLAND, FLA 33706
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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(9)(g), 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 of this report.

SIGNATURE: [Signature] (Print Name and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
4-11-96 (813) 734-1000

CR2E034 (12/95)