


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

FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 05/01/1996
4. FEI Number 59-1855346	Applied For 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	

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

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

11. Pursuant to the provisions of Sections 607.0502 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT PHOTOS, VICTOR <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHOTOS, VICTOR	12 NAME	
STREET ADDRESS	1122 D OAK COURT	13 STREET ADDRESS	
CITY- ST- ZIP	DUNEDIN FL	14 CITY- ST- ZIP	
TITLE	V PHOTOS, VIRGINIA <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHOTOS, VIRGINIA	22 NAME	
STREET ADDRESS	P.O. BOX 14555 N/A	23 STREET ADDRESS	
CITY- ST- ZIP	CLEARWATER FL 34629	24 CITY- ST- ZIP	
TITLE	S PHOTOS, MICHAEL J. <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHOTOS, MICHAEL J.	32 NAME	
STREET ADDRESS	P. O. BOX 14555	33 STREET ADDRESS	
CITY- ST- ZIP	CLEARWATER FL	34 CITY- ST- ZIP	
TITLE	V PHOTOS MCINTIRE, MICHELLE <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHOTOS MCINTIRE, MICHELLE	42 NAME	
STREET ADDRESS	125 110TH AVENUE #3	43 STREET ADDRESS	
CITY- ST- ZIP	TREASURE ISLAND FL 33708	44 CITY- ST- ZIP	
TITLE	V PHOTOS, KELLY A. <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHOTOS, KELLY A.	52 NAME	
STREET ADDRESS	4100 U.S. HWY 19 N, #201	53 STREET ADDRESS	
CITY- ST- ZIP	PALM HARBOR FL	54 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-97 813-734-1000

CR2E034 (9/96)