

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

FILED

Feb 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **F93000000123 (0)**

1. Corporation Name
MASSAPEQUA IMPORTS, LTD., INC.



Principal Place of Business 645 SOUTH MILITARY TRAIL, SUITE 6 WEST PALM BEACH FL 33415	Mailing Address 645 SOUTH MILITARY TRAIL, SUITE 6 WEST PALM BEACH FL 33415-3903
------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------

3. Date Incorporated or Qualified 12/22/1992	3a. Date of Last Report 04/15/1996
--------------------------------------------------------	----------------------------------------------

2. Principal Place of Business 21 551 S. Military Trail Suite, Apt. #, etc. 22 City & State 23 West Palm Beach, FL Zip 24 33415	2a. Mailing Address 26 551 S. Military Trail Suite, Apt. #, etc. 27 City & State 28 West Palm Beach, FL Zip 29 33415	4. FEI Number 11-2970364 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

9. Name and Address of Current Registered Agent

THOMPSON, DOUGLAS E
~~**645 SOUTH MILITARY TRAIL, SUITE 6**~~
~~**WEST PALM BEACH FL 33415**~~

10. Name and Address of New Registered Agent

81 Name SAME
82 Street Address (P.O. Box Number is Not Acceptable) 4524 Gun Club Rd., Suite 101
83
84 City West Palm Beach
85 Zip Code 33415

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 	Douglas E. Thompson (NOTE: Registered Agent signature required when reinstating)	01/14/97 DATE
--------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------	-------------------------

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																																																												
<table><tr><td>TITLE</td><td>CP</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>STALUPPI, JOHN</td><td></td></tr><tr><td>STREET ADDRESS</td><td>551 SOUTH MILITARY TRAIL</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>WEST PALM BEACH FL 33415</td><td></td></tr><tr><td>TITLE</td><td>S</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>STALUPPI, JEANETTE</td><td></td></tr><tr><td>STREET ADDRESS</td><td>551 SOUTH MILITARY TRAIL</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>WEST PALM BEACH FL 33415</td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE	CP	<input type="checkbox"/> DELETE	NAME	STALUPPI, JOHN		STREET ADDRESS	551 SOUTH MILITARY TRAIL		CITY-ST-ZIP	WEST PALM BEACH FL 33415		TITLE	S	<input type="checkbox"/> DELETE	NAME	STALUPPI, JEANETTE		STREET ADDRESS	551 SOUTH MILITARY TRAIL		CITY-ST-ZIP	WEST PALM BEACH FL 33415		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>1.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>1.2 NAME</td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td></td></tr><tr><td>1.4 CITY-ST-ZIP</td><td></td></tr><tr><td>2.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>2.2 NAME</td><td></td></tr><tr><td>2.3 STREET ADDRESS</td><td></td></tr><tr><td>2.4 CITY-ST-ZIP</td><td></td></tr><tr><td>3.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>3.2 NAME</td><td></td></tr><tr><td>3.3 STREET ADDRESS</td><td></td></tr><tr><td>3.4 CITY-ST-ZIP</td><td></td></tr><tr><td>4.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>4.2 NAME</td><td></td></tr><tr><td>4.3 STREET ADDRESS</td><td></td></tr><tr><td>4.4 CITY-ST-ZIP</td><td></td></tr><tr><td>5.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>5.2 NAME</td><td></td></tr><tr><td>5.3 STREET ADDRESS</td><td></td></tr><tr><td>5.4 CITY-ST-ZIP</td><td></td></tr><tr><td>6.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>6.2 NAME</td><td></td></tr><tr><td>6.3 STREET ADDRESS</td><td></td></tr><tr><td>6.4 CITY-ST-ZIP</td><td></td></tr></table>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
TITLE	CP	<input type="checkbox"/> DELETE																																																																																																											
NAME	STALUPPI, JOHN																																																																																																												
STREET ADDRESS	551 SOUTH MILITARY TRAIL																																																																																																												
CITY-ST-ZIP	WEST PALM BEACH FL 33415																																																																																																												
TITLE	S	<input type="checkbox"/> DELETE																																																																																																											
NAME	STALUPPI, JEANETTE																																																																																																												
STREET ADDRESS	551 SOUTH MILITARY TRAIL																																																																																																												
CITY-ST-ZIP	WEST PALM BEACH FL 33415																																																																																																												
TITLE		<input type="checkbox"/> DELETE																																																																																																											
NAME																																																																																																													
STREET ADDRESS																																																																																																													
CITY-ST-ZIP																																																																																																													
TITLE		<input type="checkbox"/> DELETE																																																																																																											
NAME																																																																																																													
STREET ADDRESS																																																																																																													
CITY-ST-ZIP																																																																																																													
TITLE		<input type="checkbox"/> DELETE																																																																																																											
NAME																																																																																																													
STREET ADDRESS																																																																																																													
CITY-ST-ZIP																																																																																																													
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
1.2 NAME																																																																																																													
1.3 STREET ADDRESS																																																																																																													
1.4 CITY-ST-ZIP																																																																																																													
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
2.2 NAME																																																																																																													
2.3 STREET ADDRESS																																																																																																													
2.4 CITY-ST-ZIP																																																																																																													
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
3.2 NAME																																																																																																													
3.3 STREET ADDRESS																																																																																																													
3.4 CITY-ST-ZIP																																																																																																													
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
4.2 NAME																																																																																																													
4.3 STREET ADDRESS																																																																																																													
4.4 CITY-ST-ZIP																																																																																																													
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
5.2 NAME																																																																																																													
5.3 STREET ADDRESS																																																																																																													
5.4 CITY-ST-ZIP																																																																																																													
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																												
6.2 NAME																																																																																																													
6.3 STREET ADDRESS																																																																																																													
6.4 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 	John Staluppi, Pres.	01/14/97	(561) 683-7100
--------------------------------------------------------------------------------------------------	-----------------------------	-----------------	-----------------------

CP2E034 (9/96)