

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H56438

(5)

1. Corporation Name

MT ENTERPRISES OF TAMPA, INC.



Principal Place of Business

12242 RACE TRACK RD.
TAMPA FL 33626

Mailing Address

12242 RACE TRACK RD.
TAMPA FL 33626

3. Date Incorporated or Qualified
05/07/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 2046 Diplomat Dr.

Suite, Apt. #, etc.

22 City & State
23 Clearwater FL

24 Zip 34624 25 Pinalas

2a. Mailing Address

Suite, Apt. #, etc.

27 City & State
28 Same

29 Zip 30 Country

4. FEI Number

59-2534005

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETER MANGANO
12242 RACE TRACK RD.
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2046 Diplomat Dr.

84 City Clearwater

FL

85 Zip Code 34624

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

Peter Mangano

Peter Mangano

4/28/96

12. OFFICERS AND DIRECTORS

TITLE P
NAME PETER MANGANO
STREET ADDRESS 12242 RACE TRACK RD.
CITY-ST-ZIP TAMPA FL 33626

TITLE VP
NAME DAVID MANGANO
STREET ADDRESS 1107 JAMBALANA DR.
CITY-ST-ZIP HOLIDAY FL 34691

TITLE S
NAME PETER MANGANO JR.
STREET ADDRESS 1003 WOOD CREEK COUNT
CITY-ST-ZIP EULESS TX 76039

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2046 Diplomat Dr.
1.4 CITY-ST-ZIP Clearwater, FL 34624

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 2046 Diplomat Dr.
2.4 CITY-ST-ZIP Clearwater, FL 34624

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Mangano

4/28/96 813-507-0601

CR2E034 (12/95)