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Apr 01 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 # H56438 (5)
1. Corporation Name
MT ENTERPRISES OF TAMPA, INC.



Principal Place of Business
2046 DIPLOMAT DRIVE
CLEARWATER FL 34624
US

Mailing Address
12242 RACE TRACK RD.
TAMPA FL 33626-3113

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 2231 LAKE ARBOR BLVD		26 2231 LAKE ARBOR BLVD		05/07/1985	05/01/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2534005	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 CLEARWATER FL.		28 CLEARWATER FL		<input type="checkbox"/>	
Zip		Zip		6. Election Campaign Financing	\$5.00 May Be Added to Fees
24 34623		29 34623		Trust Fund Contribution	<input type="checkbox"/>
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25 PINELLAS		30 PINELLAS			

PETER MANGANO
2046 DIPLOMAT DRIVE
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name	PETER MANGANO
82 Street Address (P.O. Box Number is Not Acceptable)	2231 LAKE ARBOR BLVD
83	
84 City	CLEARWATER
85 Zip Code	FL 34623

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 of the registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER MANGANO	1.2 NAME	
STREET ADDRESS	2046 DIPLOMAT DRIVE	1.3 STREET ADDRESS	2231 LAKE ARBOR BLVD.
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	CLEARWATER, FL 34623
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID MANGANO	2.2 NAME	
STREET ADDRESS	2046 DIPLOMAT DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER MANGANO JR.	3.2 NAME	
STREET ADDRESS	1003 WOOD CREEK COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	EULESS TX 76039	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Peter E. Mangano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0360726

CR2E034 (9/96)