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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H56438** 1. Corporation Name

MT ENTERPRISES OF TAMPA INC

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90073 040 ***150.00

Wii Civil	CHICHIOCO OF TAINI A, INO.									
Principal Place	e of Business	Mailing Address						HOUS DINKS DIEDIS D	1 0 11 610 11 8 11	B) 01811 1881
2231 LAKE ARE CLEARWATER F US	OR BLVD.	2231 LAKE ARBOR BLVD. TAMPA FL 34623 US		3	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
						ľ	05/07/1985			
Principal Place of Business 2a. Mailing Address						4	. FEI Number		App	lied For
21		26					59-2534005		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5		_ \$	8.75 Ac Fee Rec	
City & State	9	City & State 28 C EARW A	ter		- F-1	6	. Election Campaign Financing Trust Fund Contribution		\$5.00 N Added to	, - 1
Zip	Country 25	Zip 29 33763 3	Coun			8	. This corporation owes the current Personal Property Tax.			□No
Name and Address of Current Registered Agent						10	. Name and Address of New Re	gistered Age	nt	
			[-	81	Name					ĺ
PETER MANGANO				82 Street Address			P.O. Box Number is Not Acceptable	le)		
2231 LAKE ARBOR BLVD.			ļ							
CLEARWATER FL 84623 3 う7 4 3				83						
					City			FL ⁸	5 Zip C	ode .
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										
12.	Signature, typed or printed name of registered agent at OFFICERS AND		agistered A	gent	signature re	quired when	reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND D	IRECTOR	2S IN 12
TITLE	P	DELETE	1,1 TM	E			ADDITIONO/OFFICE TO OFFICE		Change	☐ Addition
NAME	PETER MANGANO		1.2 NAA	1.2 NAME				_	-	Ì
STREET ADDRESS				1.3 STREET ADDRESS						i
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY	/- ST-	· ZIP					
TITLE	VP □ DELETE			2.1 TITLE					Change	Addition
NAME	DAVID MANGANO	•	2.2 NAM	ΚE						
2010 Dit Colletti Ditti E			2.3 STR	EET	ADDRESS					ļ
CITY-ST-ZIP	CLEARWATER FL		2.4 CIT		- ZIP					
TITLE	\$	☐ DELETE	3 1 TITL	-			× •		Change	☐ Addition
NAME	PETER MANGANO JR.		3.2 NAN	_						ł
STREET ADDRESS	1003 WOOD CREEK COUNT	ļ	3.3 STR	EET/	ADDRESS					

CITY-ST-ZIP EULESS TX 76039 3.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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 of 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, won an attachment with an address, with all other like empowered.

SIGNATURE: