

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

PROFIT
CORPORATION
ANNUAL REPORT



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

1996-7-30-96

B-7494-MC

DOCUMENT # K03848

(4)

1. Corporation Name

M. P. COLLECTIONS, INC.



Principal Place of Business

1001 3RD AVENUE WEST
SUITE 600
BRADENTON FL 34205

Mailing Address

1001 3RD AVENUE WEST
SUITE 600
BRADENTON FL 34205

3. Date Incorporated or Qualified
11/23/1987

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGUIRE AND PARRY
1001 THIRD AVENUE WEST
SUITE 600
BRADENTON FL 34205

81 Name
McGuire, Pratt, Masio & Farrance, PA.
82 Street Address (P.O. Box Number is Not Acceptable)
1001 3rd Avenue West
83 Suite 600
84 City
Bradenton
85 Zip Code
FL 34205

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

VP of McGuire Pratt Masio & Farrance

7-22-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DP
MCGUIRE, HUGH E., JR.
1001 THIRD AVENUE W.#600
BRADENTON FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DVT
PRATT, CHARLES J JR
1001 THIRD AVE W STE 600
BRADENTON FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DS
MASIO, CAROL A
1001 THIRD AVE W #600
BRADENTON FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
S
FARRANCE, ROBERT A
1001 3RD AVE WEST, SUITE 600
BRADENTON FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

Vice President

7-22-96

941/748 7076

CR2E034 (12/95)