SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # L40431 (3)

1. Corporation Name
MON-WAL, INC.

Principal Place of Business	Mailing Address
5050 W. LEMON ST. TAMPA FL 33609 US	5050 W. LEMON ST. TAMPA FL 33609 US

2. Principal Place of Business	2a. Mailing Address
21	26 564 ALPHA DRIVE
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State	28 City & State PITTSBURGH, PA
24 Zip / 25 Country	29 Zip 15238 / 30 Country US

3. Date Incorporated or Qualified: 01/05/1990
3a. Date of Last Report: 04/19/1995
4. FEI Number: 59-2988972 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

WALLACE, THOMAS
5050 W. LEMON ST.
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	WALLACE, THOMAS E.	5050 W. LEMON ST.	TAMPA FL	[ ]
V	WALLACE, TIMOTHY W	5050 W. LEMON ST.	TAMPA FL	[ ]
V	ADAMEK, R KEVIN	5050 W. LEMON ST.	TAMPA FL	[ ]
				[ ]
				[ ]
				[ ]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

#	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1	P, D				[X]	[ ]
2	D				[X]	[ ]
3	P, V				[X]	[ ]
4	T, S	DANIEL J. GALLAGHER	564 ALPHA DRIVE	PITTSBURGH, PA 15238	[ ]	[X]
5					[ ]	[ ]
6					[ ]	[ ]

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 8/5/96 (412) 967-6766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)