

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000007695 (9)

1. Corporation Name

MECHANICAL SUPPLIES CORPORATION



Principal Place of Business

Mailing Address

7339 N.W. 56TH ST.
MIAMI FL 33166

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MIAMI FL 33166

3. Date Incorporated or Qualified 11/30/1992	3a. Date of Last Report 01/23/1995
4. FEI Number 65-0377976	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRANQUILLA, DAVID
7339 N.W. 56TH ST.
MIAMI FL 33166

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

(Type or print name of 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 <input type="checkbox"/> DELETE	1. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRANQUILLA, DAVID	1. 2 NAME
STREET ADDRESS	7339 NW 56TH STREET	1. 3 STREET ADDRESS
CITY-STATE-ZIP	MIAMI FL 33166	1. 4 CITY-STATE-ZIP
TITLE	V <input type="checkbox"/> DELETE	2. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANDOLPH, MARY	2. 2 NAME
STREET ADDRESS	7339 NW 56 ST	2. 3 STREET ADDRESS
CITY-STATE-ZIP	MIAMI FL	2. 4 CITY-STATE-ZIP
TITLE	<input type="checkbox"/> DELETE	3. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. 2 NAME
STREET ADDRESS		3. 3 STREET ADDRESS
CITY-STATE-ZIP		3. 4 CITY-STATE-ZIP
TITLE	<input type="checkbox"/> DELETE	4. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. 2 NAME
STREET ADDRESS		4. 3 STREET ADDRESS
CITY-STATE-ZIP		4. 4 CITY-STATE-ZIP
TITLE	<input type="checkbox"/> DELETE	5. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. 2 NAME
STREET ADDRESS		5. 3 STREET ADDRESS
CITY-STATE-ZIP		5. 4 CITY-STATE-ZIP
TITLE	<input type="checkbox"/> DELETE	6. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 2 NAME
STREET ADDRESS		6. 3 STREET ADDRESS
CITY-STATE-ZIP		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)(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:

David Tranquilla

DAVID TRANQUILLA PRES

1-17-96

305-888-0442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)