

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

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95 MAY -1 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000014211 (4)
1. Corporation Name
~~MPH, INC.~~ *The Tuscan Oven, INC.*

Principal Place of Business Mailing Address

201 N. FRANKLIN ST.
SUITE 2100
TAMPA FL 33602

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SUITE 2100
TAMPA FL 33602

3. Date Incorporated or Qualified 3a. Date of Last Report
02/17/1994

4. FEI Number Applied For
65-0482182 Not Applicable

5. Certificate of Status Desired \$0.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution

7. This corporation has liability for escheat under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc Suite, Apt. #, etc

22 27

City & State City & State

23 28

ZIP Country ZIP Country

24 25 29 30

9. Name and Address of Current Registered Agent

SZABO, STEPHEN J III
201 N. FRANKLIN ST.
SUITE 2100
TAMPA FL 33602

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 (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE D

NAME HOFFMAN, MATTHEW P

STREET ADDRESS ~~1083 TARPON AVE.~~

CITY, ST, ZIP ~~SARASOTA FL 34237~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS 2904 SITIOS ST.

14 CITY, ST, ZIP TAMPA, FL 33629

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST, 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 110.07(3)(b), Florida Statutes. I do hereby 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 owner or trustee empowered to execute this report, as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 if applicable, with an address.

SIGNATURE: *Matthew P. Hoffman* Matthew P. Hoffman 4/10/95

813-251-0619