


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

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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000043884 (3)**

1. Corporation Name
MFA INDUSTRIES, INC.



Principal Place of Business 2851 N. OAKLAND FOREST APT. 209 OAKLAND PARK FL 33309 US	Mailing Address 2851 N. OAKLAND FOREST SUITE 209 OAKLAND PARK FL 33309-6488 US
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3. Date Incorporated or Qualified 06/08/1994	3a. Date of Last Report 08/08/1996
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2. Principal Place of Business 21 3072 S. OAKLAND FOREST Suite, Apt. #, etc. 22 #403 City & State 23 OAKLAND PARK, FL Zip 24 33309 Country 25 USA	2a. Mailing Address 26 3072 S. OAKLAND FOREST Suite, Apt. #, etc. 27 #403 City & State 28 OAKLAND PARK, FL Zip 29 33309 Country 30 USA	4. FEI Number 65-0493915 Applied For 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 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**MICCIO, MICHAEL R
2841 N. OAKLAND FOREST DRIVE
APARTMENT 108
OAKLAND PARK FL 33309**

10. Name and Address of New Registered Agent

81 Name MICCIO, MICHAEL R	85 Zip Code 33309
82 Street Address (P.O. Box Number is Not Acceptable) 3072 S. OAKLAND FOREST DR.	
83 SUITE 403	
84 City OAKLAND PARK FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MICHAEL R. MICCIO

4-28-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> DELETE MICCIO, MICHAEL R 2851 N. OAKLAND FOREST DR. APT. 209 OAKLAND PARK FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> DELETE MICCIO, MICHAEL R. 3072 S. OAKLAND FOREST DR. #403 OAKLAND PARK, FL.	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL R. MICCIO **4-28-97** **(954) 561-5094**

Date

Daytime Phone #

0267816 L

CR2E034 (9/96)