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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000056610 (5)**

1. Corporation Name

MESA SWAP MEET, INC.

Principal Place of Business	Mailing Address
111 N ORANGE AVE SUITE 900 ORLANDO FL 32801	111 N ORANGE AVE SUITE 900 ORLANDO FL 32801

3. Date Incorporated or Qualified: 07/21/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 2801 E. Irlo Bronson Hwy
22: Kissimmee, Fl.
23: City & State
24: Zip 34744
25: Country Osceola

2a. Mailing Address
26: SAME
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: Pending — [X] 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 [ ] Yes [X] No

9. Name and Address of Current Registered Agent

SHAMS, MAURICE
111 N ORANGE AVE
SUITE 900
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: FRANK A BUONAURO JR
82 Street Address (P.O. Box Number is Not Acceptable): 2801 E. IRLO BRONSON Hwy
83: Kissimmee FL.
84 City: FL 85 Zip Code: 34744

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: Frank A Buonauro, President — (NOTE: Registered Agent's signature required when reinstating) — DATE: 3-4-96

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUONAURO, JUDITH V 2801 E IRLO BRONSON HWY KISSIMMEE FL 34744	[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT FRANK A BUONAURO JR 2801 E. IRLO BRONSON Hwy Kissimmee, FL. 34744	[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		[ ] Change [ ] Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		[ ] Change [ ] Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		[ ] Change [ ] Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		[ ] Change [ ] Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		[ ] Change [ ] Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		[ ] Change [ ] Addition

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 on an attachment with an address.

SIGNATURE: Frank A Buonauro, President — 3-4-96 — 407-846-2811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)