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

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000089391 (3)

M&SA	NUTO RESOURCES, INC.					
Principal Plac	e of Business	Mailing Address			A HANNINGO AMA KOTAN MANTE ADERN DONIO MONAT	88184 1811 3
21799 US HIGHWAY 19 NORTH CLEARWATER FL 34825		21799 US HIGHWAY 19 NORTH CLEARWATER FL 34625-2835				
					3. Date Incorporated or Qualified 11/21/1995	3a. Date of Last Report 09/30/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3352520	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		[27]			Fee Required	
		City & Stato		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	28]	Count	rv —	Trust Fund Contribution	
24	25	29	30	• •	8. This corporation has liability for it Florida Statutes	No No
[57]	9. Name and Address of Currer		130]		10. Name and Address of New Reg	
FINK	K, SCOTT		8	1 Name		
21799 US HIGHWAY 19 NORTH			8	2 Circui An	ddress (P.O. Box Number is Not Acceptab	10)
CLE		l°	Z Sileet Ad	doress (P.O. Box Number is Not Acceptab	le)	
755			8	3		
				4 City	<u>.</u>	85 Zip Code
			"	- City		FL 85 Zip Code
11. Pursuant office or r agent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the oblig	Ø and 607.1508, Florida Statut of Florida. Such change was ations of, Section 607.0506, Florida	es, the abo authorizeo l orida Statut	ive named co by the corpores.	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of changing its registered of the appointment as registered
SIGNATURE		ويبسه				
12.	Signature, typod or printed name of registered age OFFICERS AN		13.	gent signature re-	quired when reinslaving) ADDITIONS/CHANGES TO OFFIC	DATE EDS AND DIDECTORS IN 13
TITLE	PD	DELETE	1.1 HTCE		ADDITIONS/CHANGES TO OTHE	Change Addition
NAME	FINK, SCOTT		1.2 NAM			
STREET ADDRESS	ARAL MODALILEN BOAD			ET ADDRESS		
CITY-ST-ZIP	ALBERTATE PLATAR		1.4 CITY			ľ
TITLE	VSTD	DELETE 2.11				Change Addition
NAME	COHEN, MICHAEL S	-				_
STREET ADDRESS	49 ROLLING HILL LANE			E1 ADDRESS		
CITY-ST-ZIP	OLD WESTBURY NY 11588			-ST-ZIP		
TITLE			3.1 11716			☐ Change ☐ Addition
NAME			3.2 NAM	E		
STREET ADDRESS			3.3 STRE	E1 ADDRESS		
CITY-ST-ZIP			3.4. CITY	'- ST - 7IP		
TITLE	☐ DELETE 4		4.1 TITLE			Change Addition
NAME			4. 2 NAM	1E		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	-ST-7IP		
TITLE	DELETE 5.1 TI		5.1 TITLE			Change Addition
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STRE	E1 ADDRESS		
CITY-ST-ZIP			5.4 CITY	- \$1 - ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAM	E		
STREET ADDRESS			6.3 STRE	ET ADDRESS		

64 CITY-ST-ZIP

14. To hereby certify that the information expelled 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 received of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on an all technique with an address.

FILED

Apr 29 1997 8:00am

Secretary of State