


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

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PG6000007928 1. Corporation Name M. A. Spino Hardware Inc.			
Principal Place of Business 6738 Quail Hollow Blvd. 12737 N. Florida Ave.		Mailing Address 6738 Quail Hollow Blvd. Tampa FL 33612	
2. Principal Place of Business 21 6738 Quail Hollow Blvd. Suite, Apt. #, etc.	2a. Mailing Address 26 6738 Quail Hollow Blvd Suite, Apt. #, etc.	3. Date Incorporated or Qualified 1/12/96	3a. Date of Last Report
22	27	4. FEI Number 59-3360442	Applied For <input type="checkbox"/> Not Applicable
23 Wesley Chapel, FL City & State	28 Wesley Chapel, FL City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 33544 Zip	25 USA Country	29 33544 Zip	30 USA Country
9. Name and Address of Current Registered Agent DONNA LYNN SPINO 6738 Quail Hollow Blvd. Wesley Chapel, FL 33544		10. Name and Address of New Registered Agent	
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.		81 Name	
SIGNATURE Donna Lynn Spino (NOTE: Registered Agent signature required when reinstating)		82 Street Address (P.O. Box Number is Not Acceptable)	
DATE		83	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Michael A. Spino 6738 Quail Hollow Blvd. Wesley Chapel, FL 33544	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		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		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		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		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		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 contained 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 sole owner 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 or in an attachment with an address.		200002163612 -05/02/97--01061--033 ***165.00	
SIGNATURE: Michael A. Spino SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/27/97 Date	
		(813)907-9375 Daytime Phone #	

CR2E034 (9/96)