
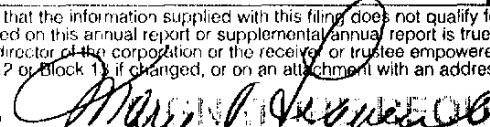


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 10 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 # V49176 (3) 1. Corporation Name M P I, INC.			
Principal Place of Business 530 SO CTY RD 427 STE 110 LONGWOOD FL 32750 US		Mailing Address 530 SO CTY RD 427 STE 110 LONGWOOD FL 32750 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent FIGUEIREDO, MARIE T 1770 CHINOOK TR MAITLAND FL 32751			
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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE PVD NAME FIGUEIREDO, MARIE T. STREET ADDRESS 1240 SOUTH HIGHWAY 427 CITY-ST-ZIP LONGWOOD FL [ ] 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 [ ] Change [ ] Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP [ ] Change [ ] Addition 2.1 TITLE [ ] Change [ ] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP [ ] Change [ ] Addition 3.1 TITLE [ ] Change [ ] Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP [ ] Change [ ] Addition 4.1 TITLE [ ] Change [ ] Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP [ ] Change [ ] Addition 5.1 TITLE [ ] Change [ ] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP [ ] Change [ ] Addition 6.1 TITLE [ ] Change [ ] Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
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 4/7/97 (407) 331-1960 Date Daytime Phone			



CR2E034 (9/96)