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**Jan 16 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 # F93000005260 (5)
1. Corporation Name
MANGANAS PAINTING COMPANY, INC.



Principal Place of Business: **255 LINDEN CREEK RD. CANONSBURG PA 15317**
Mailing Address: **255 LINDEN CREEK RD. CANONSBURG PA 15317**

3. Date Incorporated or Qualified: **11/18/1993**
3a. Date of Last Report: **01/26/1996**
4. FEI Number: **25-1196187**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$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 No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **27**
City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 PINE ISLAND RD.
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PDC	<input type="checkbox"/> DELETE
NAME	MANGANAS, NICK	
STREET ADDRESS	255 LINDEN CREEK RD.	
CITY-ST-ZIP	CANONSBURG PA 15317	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MANGANAS, EUGENIA	
STREET ADDRESS	255 LINDEN CREEK RD.	
CITY-ST-ZIP	CANONSBURG PA 15317	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	MANGANAS, JOHN	
STREET ADDRESS	151 DRUID DR.	
CITY-ST-ZIP	MCMURRAY PA 15317	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MANGANAS, ANDREW	
STREET ADDRESS	219 MCGREGOR DR.	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MANGANAS NICK	
1.3 STREET ADDRESS	255 LINDEN CREEK RD	
1.4 CITY-ST-ZIP	CANONSBURG, PA 15317	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MANGANAS EUGENIA	
2.3 STREET ADDRESS	255 LINDEN CREEK RD	
2.4 CITY-ST-ZIP	CANONSBURG PA 15317	
3.1 TITLE	PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MANGANAS JOHN	
3.3 STREET ADDRESS	151 DRUID DR	
3.4 CITY-ST-ZIP	MCMURRAY PA 15317	
4.1 TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MANGANAS, ANDREW	
4.3 STREET ADDRESS	101 RAFFAEL DR	
4.4 CITY-ST-ZIP	MCMURRAY PA 15317	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Andrew Mortham ANDREW MANGANAS V.P. 1/8/97 (412) 343-3384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)