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Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1998



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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:		2a. Mailing Address:		3. Date Incorporated or Qualified	
21	22	26	27	11/18/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
City & State		City & State		25-1196187	
Zip		Country		Applied For	
24	25	29	30	Not Applicable	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5. Certificate of Status Desired	
CT CORPORATION SYSTEM		81 Name		<input type="checkbox"/> \$8.75 Additional Fee Required	
1200 PINE ISLAND RD.		82 Street Address (P.O. Box Number Is Not Acceptable)		<input type="checkbox"/> \$5.00 May Be Added to Fees	
PLANTATION FL 33324		83		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
		84 City		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC MANGANAS, NICK	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	255 LINDEN CREEK RD.	1.2 NAME	
STREET ADDRESS	CANONSBURG PA	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	15317
TITLE	DS MANGANAS, EUGENIA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	255 LINDEN CREEK RD.	2.2 NAME	
STREET ADDRESS	CANONSBURG PA 15317	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	PDC MANGANAS, JOHN	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	151 DRUID DR.	3.2 NAME	
STREET ADDRESS	MCMURRAY PA	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	15317
TITLE	VC MANGANAS, ANDREW	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	219 MCGREGOR DR.	4.2 NAME	
STREET ADDRESS	PLANTATION FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	33324
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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: _____ 3/10/98

CR2E034 (10/97)

HS
3:20