

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

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90083 045 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000005260**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/18/1993	4. FEI Number 25-1196187	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip	28 Zip	29 Country	30 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 PINE ISLAND RD. PLANTATION FL 33324		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGANAS, NICK	1.2 NAME	
STREET ADDRESS	255 LINDEN CREEK RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CANONSBURG PA 15317	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGANAS, EUGENIA	2.2 NAME	
STREET ADDRESS	255 LINDEN CREEK RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CANONSBURG PA 15317	2.4 CITY-ST-ZIP	
TITLE	PDC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGANAS, JOHN	3.2 NAME	
STREET ADDRESS	151 DRUID DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MCMURRAY PA 15317	3.4 CITY-ST-ZIP	
TITLE	VC <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGANAS, ANDREW	4.2 NAME	
STREET ADDRESS	219 MCGREGOR DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	VICE PRESIDENT
STREET ADDRESS		5.3 STREET ADDRESS	LEE V. ATHANAS
CITY-ST-ZIP		5.4 CITY-ST-ZIP	123 FIRESIDE DR MCMURRAY PA 15317
TITLE	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: Lee V. Athanas DATE: 1/6/99 DAYTIME PHONE #: 412 343-3284

CR2E034 (1/198)