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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mentem
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39589 (9)
1. Corporation Name
SOCIETY OF EPIROTES OF FLORIDA EPIRUS INC.



Principal Place of Business: P. O. BOX 4996, CLEARWATER FL 34618-6229
Mailing Address: 2245 CIMARRON TER., PALM HARBOR FL 34683-4945

3. Date incorporated or Qualified: 07/31/1990
3a. Date of Last Report: 02/08/1996
4. FEI Number: 59-3105658
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: CHRISTINA MALO LAPPAS, 2245 CIMARRON TER., PALM HARBOR FL 34683
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D. MALO LAPPAS CHRISTINA
NAME	MALO LAPPAS, CHRISTINA	1.2 NAME	2245 CIMARRON TER
STREET ADDRESS	2245 CIMARRON TER.	1.3 STREET ADDRESS	Palm Harbor FL 34683
CITY-ST-ZIP	PALM HARBOR FL 34683	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	D. KIKIS, CHRIS
NAME	KIKIS, CHRIS	2.2 NAME	1203 Gulf Rd.
STREET ADDRESS	1203 GULF ROAD	2.3 STREET ADDRESS	Tarpon Springs FL 34689
CITY-ST-ZIP	TARPON SPRINGS FL 34689	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	D. KIKIS ELEFTHERIA
NAME	KIKIS, ELEFTHERIA	3.2 NAME	1203 Gulf Rd
STREET ADDRESS	1203 GULF ROAD	3.3 STREET ADDRESS	Tarpon Springs FL 34689
CITY-ST-ZIP	TARPON SPRINGS FL 34689	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	D. TAIHAS JOHN
NAME	PAVLIDIS, SPIROS	4.2 NAME	2086 Bonnie Ave
STREET ADDRESS	2245 NURSERY ROAD	4.3 STREET ADDRESS	Palm Harbor FL 34683
CITY-ST-ZIP	CLEARWATER FL 34624	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	D. MALO DIONIS
NAME	MALO, DIONIS	5.2 NAME	193 OLD OAK CIR
STREET ADDRESS	193 OLD OAK CIR.	5.3 STREET ADDRESS	Palm Harbor FL 34683
CITY-ST-ZIP	PALM HARBOR FL 34683	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)