


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 07, 1999 8:00 am  
Secretary of State

07-07-1999 90002 040 \*\*\*\*61.25

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|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N39589** ✓

1. Corporation Name  
**SOCIETY OF EPIROTES OF FLORIDA EPIRUS INC.**

|   |   |
|---|---|
| Principal Place of Business<br>P. O. BOX 4996<br>CLEARWATER FL 34618-8229 | Mailing Address<br>2245 CIMARRON TER.<br>PALM HARBOR FL 34683 |
|---|---|



|   |  |   |  |  |   |
|---|--|---|--|--|---|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 | 3. Date Incorporated or Qualified<br>07/31/1990 | 4. FEI Number<br>59-3105658<br>Applied For<br>Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|--|--|---|

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                 |                                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                          |  |
|--|----------------------------------|--|--|
| TITLE<br>D <input type="checkbox"/> DELETE | NAME<br>MALO LAPPAS, CHRISTINA   | 1.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS<br>2245 CIMARRON TER.       | CITY-ST-ZIP<br>PALM HARBOR FL    | 1.2 NAME   |  |
| TITLE<br>D <input type="checkbox"/> DELETE | NAME<br>KIKIS, CHRIS             | 1.3 STREET ADDRESS   |  |
| STREET ADDRESS<br>1203 GULF ROAD           | CITY-ST-ZIP<br>TARPON SPRINGS FL | 1.4 CITY-ST-ZIP  |  |
| TITLE<br>D <input type="checkbox"/> DELETE | NAME<br>KIKIS, ELEFThERIA        | 2.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS<br>1203 GULF ROAD           | CITY-ST-ZIP<br>TARPON SPRINGS FL | 2.2 NAME   |  |
| TITLE<br>D <input type="checkbox"/> DELETE | NAME<br>TRIHAS, JOHN             | 2.3 STREET ADDRESS   |  |
| STREET ADDRESS<br>2086 BONNIE AVE.         | CITY-ST-ZIP<br>PALM HARBOR FL    | 2.4 CITY-ST-ZIP  |  |
| TITLE<br>D <input type="checkbox"/> DELETE | NAME<br>MALO, DIONIS             | 3.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS<br>193 OLD OAK CIR.         | CITY-ST-ZIP<br>PALM HARBOR FL    | 3.2 NAME   |  |
| TITLE<br>D <input type="checkbox"/> DELETE | NAME                             | 3.3 STREET ADDRESS   |  |
| STREET ADDRESS                             | CITY-ST-ZIP                      | 3.4 CITY-ST-ZIP  |  |
| TITLE<br>D <input type="checkbox"/> DELETE | NAME                             | 4.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS                             | CITY-ST-ZIP                      | 4.2 NAME   |  |
| TITLE<br>D <input type="checkbox"/> DELETE | NAME                             | 4.3 STREET ADDRESS   |  |
| STREET ADDRESS                             | CITY-ST-ZIP                      | 4.4 CITY-ST-ZIP  |  |
| TITLE<br>D <input type="checkbox"/> DELETE | NAME                             | 5.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS                             | CITY-ST-ZIP                      | 5.2 NAME   |  |
| TITLE<br>D <input type="checkbox"/> DELETE | NAME                             | 5.3 STREET ADDRESS   |  |
| STREET ADDRESS                             | CITY-ST-ZIP                      | 5.4 CITY-ST-ZIP  |  |
| TITLE<br>D <input type="checkbox"/> DELETE | NAME                             | 6.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS                             | CITY-ST-ZIP                      | 6.2 NAME   |  |
| TITLE<br>D <input type="checkbox"/> DELETE | NAME                             | 6.3 STREET ADDRESS   |  |
| 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 617, 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: C. MALO LAPPAS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 6-27-99 727-784-1267  
 Date Daytime Phone #

CR2E037 (1/1/98)