

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

FILED  
Apr 08 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 # F95000006057 (2)

1. Corporation Name  
ELENOFONO, INC.

Principal Place of Business  
1845 RIDGEVIEW RD.  
MICHIGAN CITY IN 46360

Mailing Address  
1845 RIDGEVIEW RD.  
MICHIGAN CITY IN 46360



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/12/1995

4. FEI Number  
35-1965963

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

7. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business Blvd

21 1466 L + R Industrial

Suite, Apt. #, etc.

22 #10

City & State

23 Tarpon Springs, FL

Zip

24 34689

Country

25

2a. Mailing Address

26 PO Box 374

Suite, Apt. #, etc.

27

City & State

28 Tarpon Springs, FL

Zip

29 34688

Country

30

9. Name and Address of Current Registered Agent

SKAROULIS, PHIL  
11500 N DALE MABRY HWY #1212  
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name NICHOLAS SKAROULIS  
82 Street Address (P.O. Box Number is Not Acceptable)  
1466 L + R Industrial Blvd #10  
83  
84 City Tarpon Springs FL 85 Zip Code 34689

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 NICHOLAS SKAROULIS, PRES.

4-2-98

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD  
NAME SKAROULIS, NICHOLAS  
STREET ADDRESS 1845 RIDGEVIEW RD  
CITY-ST-ZIP MICHIGAN CITY IN

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Same ☒ Change ☐ Addition  
1.2 NAME Same  
1.3 STREET ADDRESS 1466 L + R Industrial Blvd #10  
1.4 CITY-ST-ZIP Tarpon Springs, FL 34689

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 have received 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 in an attachment with an address.

SIGNATURE: NICHOLAS SKAROULIS 4-2-98 913 903-9498

CR2E034 (10/97)