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

PROFIT

SIGNATURE

Feb 17 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # (0)H60956 ATTALOS, INC. Principal Place of Business Mailing Address 15271-27 MCGREGOR BLVD 15271-27 MOGREGOR BLVD MCGREGOR POINT SHOPPING CENTRE MCGREGOR POINT SHOPPING CENTRE DO NOT WRITE IN THIS SPACE FT. MYERS FL 33908-1968 FT. MYERS FL 33908-1968 3. Date Incorporated or Qualified 06/06/1<u>985</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2545618 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional KX 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NESKES, ELEFTERIOS T. Robert B. Burandt, Esquire
Street Address (P.O. Box Number is Not Acceptable)
1714 Cape Coral Parkway East 25-A SUMMERWINDS COURT R2 FT. MYERS FL 83 84 Zip Code 33904 Cape Coral 11. Pursuant to the provious 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, it am familiar with and accept the appointment as registered agent. I am familiar with and accept the onligation of, Section 607.0505, Florida Statutes. Robert B, Burandt SIGNATURE <u>January 27, 1998</u> CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1 1 TITLE NESKES, ELEFTERIOS T. NAME 1.2 NAME 25-A SUMMERWINDS CT. STREET ADDRESS 1.3 STREET ADDRESS FT. MYERS FL 1.4 CITY - ST- ZIP CITY-S1-ZIP DELETE Change Addition 21 TITLE TITLE DVP 2.2 NAME NAME Kathy Neskes 2.3 STREET ADDRESS STREET ADORESS 25-A Summerwinds Court 2 4 CITY-ST-ZIP CITY-ST-ZIP Ft. Myers, FL DELETE 3.1 TITLE Change Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 51 TITLE Change Addition TITLE NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADORESS **6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP 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 armual report or supplemental armual 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 on 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 phanged, or of an attraction of the corporation of the cor

FLORIDA DEPARTMENT OF STATE

FILED

ELEFTERIOS T. NESKES