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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J15151

(0)

FILED Feb 06 1998 8:00am Secretary of State

EUREK	A DESIGN, INC.				
Principal Place	e of Business	Mailing Address		T 4 BOTE O OLOT STORE BILDE STORE OTHER 1101 G1044	DIDIE GEBU DIDIE DIGIE DIDEE 1001
P.O. BOX 950575 P.O. BOX 950575 LAKE MARY FL 32795-7595 LAKE MARY FL 32795-7595		595	DO NOT WRITE IN T	HIS SPACE	
				3. Date Incorporated or Qualified	
				05/16/1986	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
1 <u>8411</u>	Murray Ct	26		59-2693479	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	ford FL	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3277	Country 25 USA	Zip 29	Country 30	 This corporation owes or has paid the Personal Property Tax due June 30. 	current year Inlangible Yes
	9, Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registe	red Agent
	Liams, J. Loren		61 Name		
8411 MURRAY CT			B2 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
SAM	VFORD FL 32771		83		
			65		
			84 City		FL 85 Zip Code
office or re agent. Lai	egistered agent, or both, in the Statement with and accept the obli-	te of Florida. Such change was gations of Section 607 0505. F	authorized by the corpor lorida Statutes	orporation submits this statement for the purpo- nation's board of directors. I hereby accept the	appointment as registered
SIGNATURE	Signature, typed or preded name of requirence a	gertaed we it a ptrable (NO	TE Registered Agent synature req		11
SIGNATURE	Signature, typed or preded name of requirence a OFFICERS AI	gert and title it Replicable (NO NO DINECTORS	TE Registered Agent signature req		II AND DIRECTORS IN 12
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4. I bereby 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 eath; 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.

CICNATURE.