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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

J97693

(2)

DOCUMENT #

1. Corporation Name

KOLOKAS INC.

| KOLOKAS, INC. | | | | | |
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| Principal Place of | of Business | Mailing Address | | I HOUIND BUIL PARK HOUR DING URRE | i iste didil didil siele dibil didil digil lesi |
| 5446 US HWY 7354 ROCK V | y 19 S. Valley driv e | 5446 US HWY 19 S HOMOSASSA FL 32 | | | |
| HONOSASSA US | FL 32647 | US | | 3. Date Incorporated or Qualified 10/19/1987 | 3a. Date of Last Report 04/12/1995 |
| 2. Principal Plac 1 | ce of Business | 2a, Mailing Address 26 | | 4. FÉI Number 59-2853169 | Applied For Not Applicable |
| Suite, Apt. #, | , elc | Suite, Apt. ±, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Ζιρ | Country | Zip | Country | 8. This corporation has liability for in Florida Statutes Yes | ntangible tax under s. 199.032, |
| <u> </u> | 25 9. Name and Address of Cur | rrent Registered Agent | 30 | 10. Name and Address of New Re | |
| | 9, Name and Address of Our | Total Figure | 81 Name | | |
| ZOLIMIS | THEODORE | | 82 Street Add | dress (P.O. Box Number is Not Acceptable | A) |
| ZOUMIS, THEODORÉ 7354 ROCK VALLEY DRIVE | | | 62 Street Acc | oress (r.o. box number is not recopius. | ~, |
| HOLIDAY | | | 83 | | |
| | · · · | | 84 City | | 85 Zip Code |
| | | | | | FL |
| or registered familiar with IGNATURE | o the provisions of Sections 607.0 id agent, or both in the State of F n, and accept the obligations of, S | Section 607.0505, Florida Statut | rized by the corporation's 90. es. | | |
| or registered familiar with SIGNATURE si | id agent, or both in the State of F n, and accept the obligations of, S signature, typed or proted name of registered a | londa. Such change was autho Section 607.0505, Florida Statut agent and title if applicable. | nzed by the corporation's boles. NOTE: Registered Agent signal he requir | nred when reinstating! | DATE |
| or registered familiar with IGNATURE si | id agent, or both in the State of F n, and accept the obligations of, S signature, typed or proted name of registered a | Section 607.0505, Florida Statut | rized by the corporation's 90. es. | | DATE CERS AND DIRECTORS IN 12 |
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OFFICER OR DIRECTOR

X 4-21- 96
Dave Pro