


**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90052 028 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 1976930 (2) <b>1. Corporation Name</b> KOLOKAS, INC.			
<b>Principal Place of Business</b> 5446 U.S. HWY 19S 7354 ROCK VALLEY DRIVE HOMOSASSA FL 34446		<b>Mailing Address</b> 5446 US HWY 19S HOMOSASSA FL 34446	
DO NOT WRITE IN THIS SPACE			
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>3. Date Incorporated or Qualified</b> 10/19/1987 <b>4. FEI Number</b> 59-2853169 <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>7. Trust Fund Contribution</b> <input type="checkbox"/> <b>8. This corporation owes the current year intangible Personal Property Tax.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		<b>9. Name and Address of Current Registered Agent</b> ZOUMIS, THEODORE 7354 ROCK VALLEY DRIVE HOLIDAY, FL <b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOT if Registered Agent signature required when reinstating) DATE			
<b>12. OFFICERS AND DIRECTORS</b> TITLE NAME STREET ADDRESS CITY-ST-ZIP P. ZOUMIS, VASSIOS 5446 US HWY 19S HOMOSASSA FL. S. ZOUMIS, IOANNIS 5446 US HWY 19S HOMOSASSA, FL		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 607, Florida Statutes; and that my name appears in Block 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** K. Harris ZOUMIS  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-99  
 Date Daytime Phone #

CR2E034 (1/98)