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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001832 (5)**

1. Corporation Name

ENOSIS, INC.

Principal Place of Business

Mailing Address

**449 RIVERVIEW LN
MELBOURNE BEACH FL 32951**

**449 RIVERVIEW LN
MELBOURNE BEACH FL 32951**

2. Principal Place of Business

2a. Mailing Address

21 441 N.Harbor City Blvd.

26 441 N.Harbor City Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 APT. C13

27 APT. C13

City & State

City & State

23 MELBOURNE, FL

28 MELBOURNE, FL

Zip

Zip

Country

Country

24 32935

25 USA

29 32935

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/23/1993

4. FEI Number

59-3181322

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Sophia P. Theofanous

82 Street Address (P.O. Box Number is Not Acceptable)

441 N.Harbor City Blvd. Apt. C13

83

84 City

Melbourne

FL

85 Zip Code

32935

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **THEOFANOUS, SOPHIA P.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE

NAME **BERGES, WILLIAM**
STREET ADDRESS **1005 NEWFOUND HARBOR DR**
CITY-ST-ZIP **NERRITT ISLAND FL**

TITLE **DV** ☒ DELETE

NAME **OTIS, GLORIA**
STREET ADDRESS **3223 S ATLANTIC AVE STE 505**
CITY-ST-ZIP **COCOA BEACH FL**

TITLE **DT** ☒ DELETE

NAME **PAPPAS, PETER**
STREET ADDRESS **449 RIVERVIEW LN**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE **DS** ☐ DELETE

NAME **PAYLAKOS, MARY**
STREET ADDRESS **440 ROSEDALE DR.**
CITY-ST-ZIP **SATELLITE BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition

1.2 NAME **SOPHIA P. THEOFANOUS**
1.3 STREET ADDRESS **441 N.Harbor City Blvd. Apt. C13**
1.4 CITY-ST-ZIP **MELBOURNE, FL 32935**

2.1 TITLE **DV** ☒ Change ☐ Addition

2.2 NAME **BERGES, WILLIAM**
2.3 STREET ADDRESS **1005 NEWFOUND HARBOR DR.**
2.4 CITY-ST-ZIP **NERRITT ISLAND, FL 32952**

3.1 TITLE **DT** ☒ Change ☐ Addition

3.2 NAME **ANDREADIS, DIMITRI**
3.3 STREET ADDRESS **630 S. BREVARD AVE.**
3.4 CITY-ST-ZIP **COCOA BEACH, FL 32931**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sophia P. Theofanous

2 April 1998 WORK 407-727-2166

CR2E037 (10/97)