

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 27 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000050555 (0)

1. Corporation Name

ERENE, INC.

Principal Place of Business

604 ATHENS STREET
TARPON SPRINGS FL 34689

Mailing Address

P O BOX 458
TARPON SPRINGS FL 34688

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/13/1993

3a. Date of Last Report

02/17/1994

2. Principal Place of Business

21 604 Athens St

2a. Mailing Address

26 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tarpon Springs

City & State

28 same

Zip

24 34689

Country

25 Pinellas

Zip

29 34689

Country

30 Pinellas

4. FBI Number

59-2616247

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KOUSKOUTIS, N.M.
144 S. PINELLAS AVE
TARPON SPRINGS FL 34688

10. Name and Address of New Registered Agent

81 Name

Tula Manglis

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

1303 Riverside Dr.

83

84 City

Tarpon Springs

FL

85 Zip Code

34689

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.

SIGNATURE

Tula T. Manglis

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

(NOTE: Registered Agent signature required when reinstating)

Tula T. Manglis

Mar 21, 1995

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MANGLIS, THEOFILOS
STREET ADDRESS 1303 RIVERSIDE DR
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE S
NAME TULA MANGLIS
STREET ADDRESS 1303 RIVERSIDE DR
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Tula T. Manglis

Signature and typed or printed name of signing officer or director

3-22-95 813938

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