

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

APPROVED AND FILED
 95 JUL 26 AM 10:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P93000073019 (0)
 1. Corporation Name
BLOUKOS ENTERPRISES, INC.

00001550550
 -08/01/95--01063--005
 ***225.00

Principal Place of Business Mailing Address
 20920 HAMACA CT 20920 HAMACA CT
 BOCA RATON FL 33433 BOCA RATON FL 33433

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 24 25 28 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
 11/01/1993 05/01/1994
 4. FEI Number Applied For
 65-0477350 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing \$5.00 May Be Added to Fees
 7. This corporation has liability for intangible tax under C. 100.002, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BLOUKOS, ELAINE
20920 HAMACA CT
BOCA RATON FL 33433
 10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent Signature required when terminating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOUKOS, ELAINE	12 NAME	
STREET ADDRESS	20920 HAMACA CT	13 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33433	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOUKOS, THEODORE	22 NAME	
STREET ADDRESS	20920 HAMACA CT	23 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33433	24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 provided in Section 607.0505, Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature on this report has 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 the report, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elaine Bloukos* *Theodore J. Bloukos*
 ELAINE BLOUKOS THEODORE J. BLOUKOS
 6/7/95 (409) 951-1685