

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000073019 (0)

1. Corporation Name
BLOUKOS ENTERPRISES, INC.



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

3. Date Incorporated or Qualified: 11/01/1993
3a. Date of Last Report: 07/26/1995

2. Principal Place of Business

21. Mailing Address

22. Suite, Apt. #, etc.

23. City & State

24. Zip Country

25. Country

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Country

30. Zip Country

31. City & State

32. Zip Country

33. Country

34. Suite, Apt. #, etc.

35. City & State

36. Zip Country

37. Country

38. Suite, Apt. #, etc.

39. City & State

40. Zip Country

41. Country

42. Suite, Apt. #, etc.

43. City & State

44. Zip Country

45. Country

46. Suite, Apt. #, etc.

47. City & State

48. Zip Country

49. Country

50. Suite, Apt. #, etc.

51. City & State

52. Zip Country

53. Country

4. FEI Number: 65-0477350

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$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

**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
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

Signature of the person authorized to file this report and to accept jurisdiction

(TITLE: Registered Agent Signature Required When Applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE: PD
NAME: BLOUKOS, ELAINE
STREET ADDRESS: 20920 HAMACA CT
CITY-ST-ZIP: BOCA RATON FL 33433

TITLE: D
NAME: BLOUKOS, THEODORE
STREET ADDRESS: 20920 HAMACA CT
CITY-ST-ZIP: BOCA RATON FL 33433

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

11. TITLE: Change Addition
12. NAME:
13. STREET ADDRESS:
14. CITY-ST-ZIP:

21. TITLE: Change Addition
22. NAME:
23. STREET ADDRESS:
24. CITY-ST-ZIP:

31. TITLE: Change Addition
32. NAME:
33. STREET ADDRESS:
34. CITY-ST-ZIP:

41. TITLE: Change Addition
42. NAME:
43. STREET ADDRESS:
44. CITY-ST-ZIP:

51. TITLE: Change Addition
52. NAME:
53. STREET ADDRESS:
54. CITY-ST-ZIP:

61. TITLE: Change Addition
62. NAME:
63. STREET ADDRESS:
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 stated in Section 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. Elaine Bloukos* M. ELAINE BLOUKOS 8/1/96 (407) 4522645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (3/96)