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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000073019 (0)

BLOUKOS ENTERPRISES, INC.

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

FILED May 05 1998 8:00am Secretary of State



MACA CT TON FL 33433 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/01/1993 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 65-0477350 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Ζıp Country Country This corporation owes or has paid the current year Intargible Yes 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **BLOUKOS, ELAINE** 20920 HAMACA CT Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33433** City 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE ☐ Change Addition NAME **BLOUKOS, ELAINE** 12 NAME 20920 HAMACA CT STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33433** COTY-ST-20P 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE **BLOUKOS, THEODORE** 2.2 NAME MAME 20920 HAMACA CT STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33433** CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 THTLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Chappe Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 eath; 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: Elaure

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