

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000081026 (5)**

1. Corporation Name
EUREKA SALES, INC.



Principal Place of Business: **3253 46TH AVE N ST PETERSBURG FL 33714**
Mailing Address: **3253 46TH AVE N ST PETERSBURG FL 33714**

3. Date Incorporated or Qualified: **11/24/1993**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3213466**
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

| | |
|--------------------------------|-------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 12350 BEICHER RD.S. | 26 12350 BEICHER RD.S. |
| 22 SUITE 1 | 27 SUITE 1 |
| 23 LARGO, FL | 28 LARGO, FL |
| 24 34643 | 29 34643 |
| 25 PINEHILLS | 30 PINEHILLS |

9. Name and Address of Current Registered Agent
**PAPANIA, JEANNE M
63301 18TH ST. N.E.
ST PETERSBURG FL 33702**

10. Name and Address of New Registered Agent
81 Name: **JEANNE M. PAPANIA**
82 Street Address (P.O. Box Number is Not Acceptable): **6330 18TH ST. N.E.**
83
84 City: **ST. PETERSBURG** FL 85 Zip Code: **33702**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | PS | <input type="checkbox"/> DELETE |
| NAME | PAPANIA, JEANNE | |
| STREET ADDRESS | 6330 18TH ST. N.E. | |
| CITY-ST-ZIP | ST PETERSBURG FL 33702 | |
| TITLE | VT | <input type="checkbox"/> DELETE |
| NAME | PAPANIA, JOSEPH | |
| STREET ADDRESS | 6330 18TH AVE. N.E. | |
| CITY-ST-ZIP | ST PETERSBURG FL 33702 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY-ST-ZIP | |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | |
| 7. STREET ADDRESS | |
| 8. CITY-ST-ZIP | |
| 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | |
| 11. STREET ADDRESS | |
| 12. CITY-ST-ZIP | |
| 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | |
| 15. STREET ADDRESS | |
| 16. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Jeanne M. Papania* 5/1/96 813)524-8660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)