

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jun 29 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000030358 (3)**

1. Corporation Name

**EVOS FOOD CREATIONS, INC.**

Principal Place of Business

**3211 BAY-TO-BAY BLVD.**  
**TAMPA FL 33629**

Mailing Address

**3211 BAY-TO-BAY BLVD.**  
**TAMPA FL 33629**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		<b>3. Date Incorporated or Qualified</b> <b>04/21/1994</b>	
<b>4. FEI Number</b> <b>59-3238826</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>8. Name and Address of Current Registered Agent</b> <b>MANEY, RICHARD H</b> <b>101 E. KENNEDY BLVD.</b> <b>SUITE 4100</b> <b>TAMPA FL 33602</b>			
<b>9. Name and Address of New Registered Agent</b> <b>MANEY, R. REED</b> <b>101 E KENNEDY</b> <b>SUITE 4100</b> <b>TAMPA FL 33602</b>		<b>10. Name and Address of New Registered Agent</b> <b>MANEY, R. REED</b> <b>101 E KENNEDY</b> <b>SUITE 4100</b> <b>TAMPA FL 33602</b>			

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]*

Signature type of printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**6-18-98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P.	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRASSAS, ALKIS			1.2 NAME			
STREET ADDRESS	% 3211 BAY-TO-BAY BLVD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33629			1.4 CITY-ST-ZIP			
TITLE	V.	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMBRIDIS, KONSTANTINE			2.2 NAME			
STREET ADDRESS	Q/O 3211 BAY TO BAY BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JEFFERS, MICHAEL			3.2 NAME			
STREET ADDRESS	% 3211 BAY-TO-BAY BLVD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33629			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby 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 oath, that I am an officer or director of the corporation, 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 *[Signature]* **4/19/99** **6-27-98-3049**

CR2E034 (10/97)