

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

FILED
May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000033394 (5)
1. Corporation Name

E.O.S. ENTERPRISES, INC.

Principal Place of Business 7884 NW 1 St Margate, FL 33063 US	Mailing Address 7884 NW 1 Street Margate, FL 33063 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1900 NE 28 Ct Suite, Apt #, etc. 22 3 City & State 23 LIGHTHOUSE POINT FL Zip Country 24 33064 25 US		2a. Mailing Address 26 1900 NE 28 Ct Suite, Apt #, etc. 27 3 City & State 28 LIGHTHOUSE POINT FL Zip Country 29 33064 30 US		3. Date Incorporated or Qualified 04/29/1994	
		4. FEI Number 65-0485981		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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.		10. Name and Address of New Registered Agent	
CARMAN, DEBORAH A. ESQ. 165 EAST PALMETTO PARK ROAD BOCA RATON, FL 33432		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

SIGNATURE Signature of person authorized to prepare and file this report (if applicable) (Not a Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE PTD <input type="checkbox"/> DELETE 2. NAME OTT, KATHRYN J 3. STREET ADDRESS 1900 NE 28 CT 4. CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
1. TITLE <input type="checkbox"/> DELETE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
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1. TITLE <input type="checkbox"/> DELETE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
1. TITLE <input type="checkbox"/> DELETE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied on 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 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 alternate manner with an address.

SIGNATURE:  4/29/98 942-0931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr

CR2E034 (10/97)