

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000033394

1. Entity Name

E.O.S. ENTERPRISES, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90145 026 ***150.00

Principal Place of Business	Mailing Address
1900 N.E. 28 COURT SUITE 3 LIGHTHOUSE POINT FL 33064 US	1900 N.E. 28 COURT SUITE 3 LIGHTHOUSE POINT FL 33064-7619 US

2. Principal Place of Business	3. Mailing Address
4629 SW 32 DRIVE Suite, Apt. #, etc.	4629 SW 32 DRIVE Suite, Apt. #, etc.

City & State	City & State
Hollywood FL	Hollywood FL
Zip	Zip
33023	33023
Country	Country
Broward	Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0485981	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CARMAN, DEBORAH A ESQ.
 165 EAST PALMETTO PARK ROAD
 BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTT, KATHRYN J		NAME	OTT, KATHRYN J	
STREET ADDRESS	1900 N.E. 28 COURT		STREET ADDRESS	4629 SW 32 DRIVE	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN J. OTT (954) 4/26/00 983-2577
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #