

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

05/09/95 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P94000035851 (2)**

1. Corporation Name

**EOKA ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

1401 N. WESTSHORE BLVD.  
SUITE 114  
TAMPA FL 33607

1401 N. WESTSHORE BLVD.  
SUITE 114  
TAMPA FL 33607

3. Date Incorporated or Qualified

05/09/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3242306

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under § 193.039 Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

TINGIDES, STAVROS  
800 N. BELCHER RD.  
SUITE 4  
CLEARWATER FL 34625

STAVROS TINGIDES, ESQUIRE  
600 North Belcher Road, Suite 4  
Clearwater, Florida 34625

10. Name and Address of New Registered Agent

81 Name

MAMAS ANTONIOU

NO

82 Street Address

2327 BARKWOOD PASS

CHANGES

83 City

CLEARWATER

84 City

CLEARWATER

FL

85 Zip Code

34623

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: *X Mamas Antoniou*

(Signature, typed or printed name of registered agent and title if applicable)

(NAME, Registered Agent signature required when registering)

5/4/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D  
NAME: ANTONIOU, MAMAS  
STREET ADDRESS: 2327 BARKWOOD PASS  
CITY, ST, ZIP: CLEARWATER FL 34623

11 TITLE: PRESIDENT, S, T, D  Change  Addition  
12 NAME: ANTONIOU, MAMAS  
13 STREET ADDRESS: 2327 BARKWOOD PASS  
14 CITY, ST, ZIP: CLEARWATER, FLORIDA 34623

TITLE: ~~ANTONIOU, KYRIAKOS~~  
NAME: ~~ANTONIOU, KYRIAKOS~~  
STREET ADDRESS: ~~2327 BARKWOOD PASS~~  
CITY, ST, ZIP: ~~CLEARWATER, FLORIDA 34623~~

21 TITLE: DIRECTOR  Change  Addition  
22 NAME: ANTONIOU, KYRIAKOS  
23 STREET ADDRESS: 2327 BARKWOOD PASS  
24 CITY, ST, ZIP: CLEARWATER, FLORIDA 34623

TITLE: ~~ANTONIOU, ANTHONY~~  
NAME: ~~ANTONIOU, ANTHONY~~  
STREET ADDRESS: ~~2327 BARKWOOD PASS~~  
CITY, ST, ZIP: ~~CLEARWATER, FLORIDA 34623~~

31 TITLE: DIRECTOR  Change  Addition  
32 NAME: ANTONIOU, ANTHONY  
33 STREET ADDRESS: 2327 BARKWOOD PASS  
34 CITY, ST, ZIP: CLEARWATER, FLORIDA 34623

TITLE:   
NAME:   
STREET ADDRESS:   
CITY, ST, ZIP:

41 TITLE:  Change  Addition  
42 NAME:   
43 STREET ADDRESS:   
44 CITY, ST, ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY, ST, ZIP:

51 TITLE:  Change  Addition  
52 NAME:   
53 STREET ADDRESS:   
54 CITY, ST, ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY, ST, ZIP:

61 TITLE:  Change  Addition  
62 NAME:   
63 STREET ADDRESS:   
64 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 110.07(2)(B), 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 on an attachment with an affidavit.

SIGNATURE: *X Mamas Antoniou*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-23-95 (613) 269-8525  
DATE EXPIRES