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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT



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

1997

DOCUMENT # P94000035851 (2)

1. Corporation Name

EOKA ENTERPRISES, INC.



Principal Place of Business

1401 N. WESTSHORE BLVD.
SUITE 114
TAMPA FL 33607

Mailing Address

1401 N. WESTSHORE BLVD.
SUITE 114
TAMPA FL 33607-4518

3. Date Incorporated or Qualified

05/09/1994

3a. Date of Last Report

07/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Mamas Antoniou

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-20-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
ANTONIOU, MAMAS
2327 BARKWOOD PASS
CLEARWATER FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ANTONIOU, KYRIACOS
2327 BARKWOOD PASS
CLEARWATER FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ANTONIOU, ANTHONY
2327 BARKWOOD PASS
CLEARWATER FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETED

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETED

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETED

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
Change
Addition

14. I do 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 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 address.

SIGNATURE: X *Mamas Antoniou* 3-20-97 PRESIDENT, MAMAS ANTONIOU

Date

Daytime Phone #

813 289-8525

CR2E034 (9/96)