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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Namo

P94000072842 (5)

EANCO SALES, INC.

## **FILED** Apr 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				I SOURDE HE INDIVIDUAL BUILD BONN BONN BONN BONN BONN BONN BONN BON			
7522 N 40 ST 7522 N 40 ST							
TAMPA FL 33604		TAMPA FL 33604				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						10/01/1994	
2. Principal Place of Business 2a. Mailing Address			.,			4. FEI Number Applied For	
21		26				<b>59-3269240</b> Not Applicable	
Suite, Apt.	#, e1c.	Suite, Apl. #, etc.				5. Certificate of Status Desired S8.75 Additional	
22		27				Fee Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution		
Zip	Country	Zip	<del></del>	Country		8. This corporation owes or has paid the current year Intangible	
24	25 Name and Address of Curre	29 Agent	30			Personal Property Tax due June 30. X Yes No	
		in registered Agent		31	Name	IV. Hallie and Address of feet fregistered Agent	
	ORT, PAUL R						
7522 N 40 ST			18	82 Street Address (P.O. Box Number is Not Acceptable)			
IAN	MPA FL 33604			B3			
			L				
			8	84	City	FL 85 Zip Code	
11 Pursuant 1	to the provisions of Sections 607.05	02 and 607.1508. Florida Stati	ites, the abo	ove	-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, typod or printed name of registered agent and like if applicable (NOTE Registered Agent					nt signature	required when reinstating) DATE	
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[] DELETE	1.5 1lTL	1.5 1ITLE		Change Addition	
NAME	Pares, Greenbre		1.2 NAN	Æ		maara mar Calla Da	
STREET ADDRESS	1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.3 STR	1.3 STREET ADDRESS		STO ERFLESTON FAILS RO	
CITY-ST-ZIP	PIDGEWAY VA 24148	- Contro		1.4 C/TY-ST		RIDGEWAY VA 24148  Change Addition	
TITLE	VD	DELETE	2.1 TITU			Figure T vontion	
NAME	EANES, BARRY S		2.2 NAN		- 1	SON EARLISCHOU EALLS RA	
STREET ADDRESS	RT-1-BOX-4840			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		SPOEBBLESTON FAILS RO RIDBEWAY VA ZVIYY	
CITY-ST-ZIP	RIDGEWAY VA 24148	DELETE	2. 4 CIT		T - ZIP	Change Addition	
TITLE		L_I Vecent	3.2 NAM			Criango C risonor	
NAME CTOCET ADODESC					ADDRESS		
STREET ADDRESS			3.4. GiT				
CITY-ST-ZIP TITLE	DELETE DELETE			4.1 TITLE		Change Addition	
NAME		<u> </u>	4. 2 NAI			_ · · ·	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			4.4 CITY				
TITLE	DELETE			5.1 TITLE		Change Addition	
NAME			5.2 NAN	AE.			
STREET ADDRESS			5.3 STR	EET.	ADDRESS		
CITY-ST-ZIP			5.4 CITY	Y- \$1	r-ZIP		
TITLE			6.1 111	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAN	AE.			
STREET ADDRESS			6.3 STR	EET.	ADDRESS		
CITY-ST-ZIP			6.4 CITY	Y-\$!			
	Alf at a start to the contract of					d in Contine 110 07/2/6) Elevide Statutes I further certify that the information	

Thereby 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 informatio 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.