FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAR 27 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000084312 (5)**

1. Corporation Name
DEXA ENTERPRISE, INC.

Principal Place of Business	Mailing Address
1201 5TH AVENUE NORTH SUITE #411 ST. PETERSBURG FL 33705	1201 5TH AVENUE NORTH SUITE #411 ST. PETERSBURG FL 33705

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/18/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 P.O. BOX 1784	26 P.O. BOX 1784
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TARPON SPRINGS, FL.	28 City & State: TARPON SPRINGS, FL
24 Zip: 34688 25 Country: U.S.A.	29 Zip: 34688 30 Country: U.S.A.

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

KROUSKOS, XANTHIPE Z
1201 5TH AVENUE NORTH
SUITE #411
ST. PETERSBURG FL 33705

10. Name and Address of New Registered Agent

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: [signature] 3-14-95
Signature of typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT / TREASURE P.T.D.	1.1 TITLE	[ ] Change [ ] Addition
NAME	DEMETRIOS KROUSKOS.	1.2 NAME	
STREET ADDRESS	P.O. BOX 1784 NA	1.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS, FL. 34688	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT / SECRETARY V.S.D.	2.1 TITLE	[ ] Change [ ] Addition
NAME	XANTHIPE KROUSKOS.	2.2 NAME	
STREET ADDRESS	P.O. BOX 1784 NA	2.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS, FL. 34688	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	[ ] Change [ ] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 with an address.

SIGNATURE: [signature] XANTHIPE KROUSKOS 3-14-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

1-813-937-5338
Daytime Phone #

031067A CR