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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P94000088481 (4)

1. Corporation Name
THALAMUS CORP.

Principal Place of Business

1700 N. MAIN ST #D
KISSIMMEE FL 34741

Mailing Address

KNUCKLES
1700 N. MAIN STREET #D
KISSIMMEE FL 34744-3309

3. Date Incorporated or Qualified
01/02/1995

3a. Date of Last Report
03/04/1996

4. FEI Number
59-3287497

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 ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CARRICK, EVE
1700 N. MAIN ST #D
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name Pepe CAROL

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

83

84 City Kissimmee FL FL 85 Zip Code 34758

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 CAROL PEPE Carol Pepe MAY 22, 1997
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE P CARRICK, EVE
NAME
STREET ADDRESS 4410 ALBRITTON RD
CITY-ST-ZIP ST CLOUD FL 34772 ☒ DELETE

TITLE VP CARRICK, ROBERT F
NAME
STREET ADDRESS 4410 ALBRITTON RD
CITY-ST-ZIP ST CLOUD FL 34772 ☒ DELETE

TITLE VP DIMINTURE, JOHN JR
NAME
STREET ADDRESS 1650 JAN LAN BLVD
CITY-ST-ZIP ST CLOUD FL 34772 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Pepe CAROL ☐ Change ☐ Addition
1.3 STREET ADDRESS 860 PISA HW
1.4 CITY-ST-ZIP Kissimmee FL 34758

2.1 TITLE V.P.
2.2 NAME Anthony Pepe ☐ Change ☐ Addition
2.3 STREET ADDRESS 860 PISA HW
2.4 CITY-ST-ZIP Kissimmee FL 34758

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

4.1 TITLE 000002251460-0
4.2 NAME -07/29/97-01410-015
4.3 STREET ADDRESS *****165.00 *****165.00
4.4 CITY-ST-ZIP

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

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

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 SIGNATURE REQUIRED

CR2E034 (9/96)