DOCUMENT # P95000022163  Corpation Name SPONGE PRODUCERS MARKET, INC.  Principal Place of Business SB ATRENS STREET SS ATRENS STREET CT AREON SPINIOS FL 34689 Chy & State Chy &	<b>y of Sta</b> 37 019 ***150.	0 am . ite
Principal Place of Business       Mailing Address       Do Not WRITE IN THE STREET         Sign Atteins STREET       Sign Atteins STREET       Do Not WRITE IN THE STREET         TAPON SPRINGS FL 3489       Za       Mailing Address       4. FEE Number         21       I       Ball model       Status April		
TARPON SPRINGS FL 34689       DO NOT WRITE IN TH         3. Date Incorporated or Qualited O3(17/1965)       3. State O3(17/1965)         2. Principal Place of Business       2a. Mailing Address       4. FEI Number         3. Date Incorporated or Qualited O3(17/1965)       59.330(1882)         2. Principal Place of Business       2a. Mailing Address       5. Certitate of Status Desired         2. City & State       27       S. Certitate of Status Desired         2. Zip       Country       2. Prescont Provision Status Desired       1. That Fund Continuum         7/10       2a       2a       Country       8. The scopparation owes the current year Prescont Property Tax.         7/21       23       2a       30       Prescont Provision with the current registered Sold Address of New Registered agent. In Antification.       10. Name and Address of New Registered Sold Address (P.O. Box Number is Not Acceptable)         8/1       Name       81       Name         9/10       Parsent Address (P.O. Box Number is Not Acceptable)       82         9/11       Pursuant to the provisions of Sections 607.0502 and 607.1506. Florids Statutes.       82         9/11       Pursuant to the provisions of Sections 007.0502 and 607.1508. Florids Statutes.       83         9/11       Pursuant to the provisions of Sections 007.0502 and 607.1508. Florids Statutes.       80	IN <b>D</b> UIRD IN <b>d</b> id India India 1997	A BUN <b>an</b> Kun <b>Ind</b> i I.
2. Principal Pface of Business     2. Mailing Address     4. FEI Number     59-3301882     Suite, Apt. #, etc.     20     City & State     21     City & State     22     City & State     23     City & State     23     City & State     25     29     Country     20     Country     21     City & State     23     City & State     25     29     Country     20     Country     20     Country     21     City & State     23     City & State     25     29     Country     20     Country     20     Country     21     City & State     23     City & State     23     City & State     25     29     Country     20     Country     20     Country     21     Country     25     29     30     Personal Property Tax.     10. Name and Address of Current Registered Agent     10. Name and Address of New Register     Vestion Address     Vestion	THIS SPACE	
2. Principal Place of Business       2a. Mailing Address       4. FEI Number         1       1       2a       Suite, Apt. #, etc.       5. Certificate of Status Desired		
Suite, Apt. #, etc.       2         City & State       2         City & State       City & State         3       City & State         4       City & State         3       City & State         4       Country         5       Country         2       20         20       Country         3       This corporation owes the current year         4       Name and Address of Current Registerd Agent         4       Name and Address of New Register         5       Street Address (P.O. Box Number is Not Acceptable)         83       Street Address (P.O. Box Number is Not Acceptable)         84       City & State         7       TARPON SPRINGS FL 34689         84       City & State         84       City & State         90       OFFICERS AND DIRECTORS         12       OFFICERS AND DIRECTORS         13       ADDITIONS/CHANGES TO OFFICERS         14       The SD         150       DELETE         1602       HILISIDE D		pplied For
2       27       City & State       City & State       E. Certificate of Status Desired         3       28       City & State       E. Election Campaign Financing       Inancing         2       20       Country       20       Country       8. Election Campaign Financing         4       28       20       Country       8. This corporation owes the current year Personal Property Tax.         4       9       Name and Address of Current Registered Agent       10. Name and Address of New Register         4       9       Name and Address of New Register       83         30       94       City & State       81         11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.       83         SIGNATURE       Explanter, typed or ported name of register dagent of fordid. Submits files atterment for the purpose agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS         12.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS         13.       TARPON SPRINGS FL 34689       13.       ADDITIONS/CHANGES TO OFFICERS         14.       DOTIONS/CHANGES TO OFFICERS       13.       ADDITION	\$8.75	ot Applicable Additional
3     28     Tust Fund Contribution       21p     Country     21p     Country       21s     23     30     Personal Property Tax.       3     8. Name and Address of Current Registered Agent     10. Name and Address of New Register       3     8. Name and Address of Current Registered Agent     10. Name and Address of New Register       3     8. Name     81     Name       3     96 ATHENS STREET     82     Street Address (P.O. Box Number is Not Acceptable)       33     84     City     F       41. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutore to the corporation submits this statement for the purpose office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose office or registered agent agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose office or registered agent agen	Fee Re	equired
Zip     Country     Zip     Country     8. This corporation aves the current year personal Property Tax.       9. Name and Address of Current Registered Agent     10. Name and Address of New Registere personal Property Tax.     10. Name and Address of New Registere       8. KALQURIS, VIOLA M S06 ATHENS STREET TARPON SPRINGS FL 34689     81     Name       9. Learning of Sections 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose office or registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose office or registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose office or registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose office or registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose office or registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose office or registered agent, or both, in the State of Florida. Statutes, the above named corporation submits this statement for the purpose office or registered agent, or both, in the State of Florida. State Florida. State of Florida. State of Florida. State of Florida. St		May Be to Fees
KALOURIS, VIOLA M S36 ATHENS STREET TARPON SPRINGS FL 34689     81     Name       82     Street Address (P.O. Box Number is Not Acceptable)       83     84       84     City       85     83       86     City       87     Address (P.O. Box Number is Not Acceptable)       88     83       89     City       84     City       85     84       86     City       87     Address (P.O. Box Number is Not Acceptable)       88     City       89     City       84     City       85     City       86     City       87     Address (P.O. Box Number is Not Acceptable)       88     City       89     Name       80     Name       81     Name       82     Street Address (P.O. Box Number is Not Acceptable)       83     City       84     City       85     Name       86     Name       81     Name       82     Street Address (P.O. Box Number is Not Acceptable)       83     City       84     City       84     City       85     Name       86     Street Address (P.O. Box Nu	Yes	□No
SOG ATHENS STREET TARPON SPRINGS FL 34689       B2       Street Address (P.O. Box Number is Not Acceptable)         84       City       B3         84       City       F         84       City       F         84       City       F         85       Group againt. 1 and familiar with, and accept the obligations of, Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 ap agent. 1 and familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.         SIGNATURE       State of Process AND DIRECTORS       13.         12.       OFFICERS AND DIRECTORS       13.         TARPON SPRINGS FL 34689       14.CITV-51-2P         TARPON SPRINGS FL 34689       14.CITV-51-2P         TTRE       SD       21.WWE         STREET ADDRESS       33.STREET ADDRESS         CITV-51-2P       TARPON SPRINGS FL 34689       24.CITV-51-2P         TTRE       DELETE       31.TITLE         10.DELETE       33.STREET ADDRESS       33.STREET ADDRESS         CITV-51-2P       TARPON SPRINGS FL 34689       24.CITY-51-2P         TTRE       DELETE       33.STREET ADDRESS         CITY-51-2P	tered Agent	
TARPON SPRINGS FL 34689       B3         B4       City       F         B4       City       F       F         B4       City       F       F       F         B4       City       F		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.         SIGNATURE       Signature, typed or ponted name of registered agent and title of applicable.       (NOTE: Registered Agent alignature required when reinstaing)       DATE         12.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS         14.       NAME       IDELETE       11 TITLE         14.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS         14.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS         14.       TARPON SPRINGS FL 34689       14 CITY-ST-2P       ADDITIONS/CHANGES         1092 HILLSIDE DRIVE       13 STREET ADDRESS       13 STREET ADDRESS       14 CITY-ST-2P         TARPON SPRINGS FL 34689       14 CITY-ST-2P       2 NAME       2 NAME         1092 HILLSIDE DRIVE       23 STREET ADDRESS       33 STREET ADDRESS       33 STREET ADDRESS         107Y-ST-2P       TARPON SPRINGS FL 34689       2 CITY-ST-2P       34 CITY-ST-2P         ITTRE       DELETE       31 TITLE       33 STREET ADDRESS       33 STREET ADDRESS         STRY-ST-2P       34 CITY-ST-2P       34 CITY-ST-2P       34 CITY-ST-2P       3		]
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose yagent. T an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.         SIGNATURE         Signature of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the ap agent. T an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.         SIGNATURE         Signature, updat or pendentame of registered agent and the displacable.       (NOTE Registered Agent algorithm regumed when releating)       DATE         12. OFFICERS AND DIRECTORS       13. ADDITIONS/CHANGES TO OFFICERS         1092 HILLSIDE DRIVE       13 STREET ADDRESS         11 Ame         1092 HILLSIDE DRIVE       13 STREET ADDRESS         1092 HILLSIDE DRIVE       23 STREET ADDRESS         107: 51: 2IP         TARPON SPRINGS FL 34689       24 CITY: 51: 2IP         TITLE         VAME         STREET ADDRESS         CITY: 51: 2	<b>85</b> Zip	Code
TILE PD DELETE 1.1 TILE NAME KALOURIS, VIOLA M 12 NAME STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34689 14 CITY-ST-ZIP TITLE SD DELETE 2.1 TITLE NAME KALOURIS, GERASSIMOS 22 NAME STREET ADDRESS 1092 HILLSIDE DRIVE 23 STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34689 24 CITY-ST-ZIP TITLE 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE 32 NAME STREET ADDRESS 44 CITY-ST-ZIP TITLE 44 CITY-ST-ZIP TITLE 43 STREET ADDRESS CITY-ST-ZIP TITLE 43 STREET ADDRESS CITY-ST-ZIP TITLE 44 CITY-ST-ZIP TITLE 43 STREET ADDRESS CITY-ST-ZIP TITLE 53 CITY-ST-ZIP TITLE 54 CITY-ST-ZIP		gistered
VAME     KALOURIS, VIOLA M     12 NAME       STREET ADDRESS     1092 HILLSIDE DRIVE     13 STREET ADDRESS       CITY-ST-ZIP     TARPON SPRINGS FL 34689     14 CITY-ST-ZIP       TITLE     SD     DELETE     21 TITLE       VAME     KALOURIS, GERASSIMOS     22 NAME       STREET ADDRESS     1092 HILLSIDE DRIVE     23 STREET ADDRESS       1092 HILLSIDE DRIVE     23 STREET ADDRESS     1092 HILLSIDE DRIVE       STREET ADDRESS     1092 HILLSIDE DRIVE     23 STREET ADDRESS       CITY-ST-ZIP     TARPON SPRINGS FL 34689     2 4 CITY-ST-ZIP       TITLE     DELETE     31 TITLE       STREET ADDRESS     33 STREET ADDRESS       CITY-ST-ZIP     33 STREET ADDRESS       STREET ADDRESS     33 STREET ADDRESS       CITY-ST-ZIP     34. CITY-ST-ZIP       MAME     12 NAME       STREET ADDRESS     33 STREET ADDRESS       CITY-ST-ZIP     34. CITY-ST-ZIP       MAME     42 NAME       STREET ADDRESS     43 STREET ADDRESS       CITY-ST-ZIP     44 CITY-ST-ZIP       TITLE     DELETE       STREET ADDRESS     51 TITLE       STREET ADDRESS     51 STREET ADDRESS       CITY-ST-ZIP     0 DELETE       STREET ADDRESS     51 STREET ADDRESS       STREET ADDRESS     51 STI	Change	DRS IN 12
CITY-ST-ZIP         TARPON SPRINGS FL 34689         14 CITY-ST-ZIP           TITLE         SD         DELETE         2.1 TITLE           NAME         KALOURIS, GERASSIMOS         2.2 NAME           STREET ADDRESS         1092 HILLSIDE DRIVE         2.3 STREET ADDRESS           CITY-ST-ZIP         TARPON SPRINGS FL 34689         2.4 CITY-ST-ZIP           TITLE         DELETE         3.1 TITLE           NAME         3.2 NAME         3.3 STREET ADDRESS           STREET ADDRESS         3.4 CITY-ST-ZIP           TITLE         DELETE         3.4 CITY-ST-ZIP           TITLE         DELETE         3.3 STREET ADDRESS           CITY-ST-ZIP         4.1 TITLE           NAME         4.2 NAME           STREET ADDRESS         4.1 TITLE           NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE           NAME         5.2 NAME         5.3 STREET ADDRESS           CITY-ST-ZIP         5.3 STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         STREET ADDRESS         5.3 STREET ADDRESS		
NTTLE       SD       DELETE       2.1 TITLE         NAME       KALOURIS, GERASSIMOS       22 NAME         STREET ADDRESS       1092 HILLSIDE DRIVE       2.3 STREET ADDRESS         CITY-ST-ZIP       TARPON SPRINGS FL 34689       2.4 CITY-ST-ZIP         DELETE       3.1 TITLE       3.3 STREET ADDRESS         STREET ADDRESS       3.3 STREET ADDRESS       3.3 STREET ADDRESS         CITY-ST-ZIP       DELETE       3.4 CITY-ST-ZIP         TITLE       DELETE       4.1 TITLE         VAME       3.3 STREET ADDRESS       3.4 CITY-ST-ZIP         STREET ADDRESS       3.4 CITY-ST-ZIP       3.4 CITY-ST-ZIP         TITLE       DELETE       4.1 TITLE         VAME       4.2 NAME       4.3 STREET ADDRESS         STREET ADDRESS       CITY-ST-ZIP       4.4 CITY-ST-ZIP         TITLE       DELETE       4.1 TITLE         VAME       4.2 NAME       4.3 STREET ADDRESS         CITY-ST-ZIP       DELETE       5.1 TITLE         STREET ADDRESS       5.3 STREET ADDRESS       5.3 STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP       5.3 STREET ADDRESS         STREET ADDRESS       5.3 STREET ADDRESS       5.3 STREET ADDRESS         CITY-ST-ZIP       5.3 STREET ADDRESS		Addition
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TITLE       DELETE       3.1 TITLE         NAME       32 NAME         STREET ADDRESS       3.3 STREET ADDRESS         CITY-ST-ZIP       3.4. CITY-ST-ZIP         TITLE       DELETE         AME       4.1 TITLE         STREET ADDRESS       4.3 STREET ADDRESS         CITY-ST-ZIP       4.4 CITY-ST-ZIP         TITLE       DELETE         STREET ADDRESS       4.3 STREET ADDRESS         CITY-ST-ZIP       4.4 CITY-ST-ZIP         TITLE       DELETE         STREET ADDRESS       5.1 TITLE         STREET ADDRESS       5.3 STREET ADDRESS         CITY-ST-ZIP       5.1 TITLE         STREET ADDRESS       5.1 TITLE         STREET ADDRESS       5.1 TITLE         STREET ADDRESS       5.1 TITLE         STREET ADDRESS       5.1 TITLE		
STREET ADDRESS STREET	Change	Addition
34. CITY- ST-ZIP         34. CITY- ST-ZIP           IITLE         DELETE         4.1 TITLE           VAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY- ST-ZIP         4.4 CITY- ST-ZIP           TITLE         DELETE           STREET ADDRESS         5.1 TITLE           STREET ADDRESS         5.3 STREET ADDRESS           CITY- ST-ZIP         5.1 TITLE           STREET ADDRESS         5.3 STREET ADDRESS           CITY- ST-ZIP         5.1 TITLE           STREET ADDRESS         5.3 STREET ADDRESS           CITY- ST-ZIP         5.1 TITLE           STREET ADDRESS         5.3 STREET ADDRESS           CITY- ST-ZIP         5.1 TITLE		
ITTLE       1.1 TTLE         VAME       4.2 NAME         STREET ADDRESS       4.3 STREET ADDRESS         CITY-ST-ZIP       4.4 CITY-ST-ZIP         TITLE       5.1 TTTLE         STREET ADDRESS       5.3 STREET ADDRESS         CITY-ST-ZIP       5.3 STREET ADDRESS         STREET ADDRESS       5.3 STREET ADDRESS         CITY-ST-ZIP       5.1 STREET ADDRESS         CITY-ST-ZIP       5.1 STREET ADDRESS		
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NAME     52 NAME       STREET ADDRESS     5.3 STREET ADDRESS       CITY-ST-ZIP     54 CITY-ST-ZIP		
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	[] Change	Addition
62 NAME 62 NAME	C1 cuariĝe	
6.3 STREET ADDRESS		
64 CITY-ST-ZIP 64 CIT		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 u 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.	her certify that the	