Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90005 020 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700004763

1. Corporation Name

EOS GROUP, INC.

					_				<u> </u>
Principal Place of Business Mailing Address					1,122				
		7541 NW 15TH ST PLANTATION FL 33313			DO NOT WRITE IN THIS SPACE				
					3. Date Inco	orporated or Qualifed			
					01/13/	1997			
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Num	ber			Applied For
21		26			65-072	4295			Not Applicable
	iuite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate	. Certifcate of Status Desired \$8.75 Additional Fee Required			
City & State	e	- City & State-			6. Election	Campaign Financing		\$5.0	0 May Be
23		28			Trust Fur	nd Contribution	LJ.		d to Fees
Zip	Country	Zip	Country		8. This com	oration owes the curre	ent year Inta	ngible	
24	25	29 30				Property Tax.		☐ Yes	□No
	9. Name and Address of Current	,	10. Name ar	nd Address of New R	egistered A	gent			
			81	Name					
JUSTIN, ROBERT W			82	Street Addr	ress (P.O. Box N	lumber is Not Accepta	ble)		
7541 NW 15TH ST						•			
PLANTATION FL 33313			83						
			84	City			FL	85 Zi	p Code
agent. I a	to the provisions of Sections 607,05026 egistered agent, or both, in the State or familiar with, and accept the obligat Signature, typed or printed name of registered agen	lions of, Section 607.0505, Florida	Statutes	•	d when reinstating)		DATE		
12. OFFICERS AND DIRECTORS				,		S/CHANGES TO OFF	FICERS AND	DIRECT	FORS IN 12
TITLE	D	☐ DELETE	13.					☐ Chang	
NAME	JUSTIN, ROBERT W		1.2 NAME						
STREET ADDRESS			1.3 STREE	T ADDRESS					
CITY-ST-ZIP			1.4 CITY-S						-
TITLE	D	☐ DELETE	2.1 TITLE					☐ Chang	e 🔲 Addition
NAME	JUSTIN, LUCILLE J		2.2 NAME						
STREET ADDRESS	7541 NW 15TH ST		2.3 STREE	ADDRESS					[
CITY-ST-ZIP	PLANTATION FL 33313	3 2.4		ST-ZIP					
TITLE	D	DELETE	3.1 TITLE					☐ Chang	e
NAME	FAIRBANKS, DOUGLAS F		32 NAME						}
STREET ADDRESS	6332 NE 11 AVE		3.3 STREE	ADDRESS					.]
CITY-ST-ZIP	FT LAUDERDALE FL 33334 34.0		3.4. CITY-5	ST-ZIP					
TITLE	D	DELETE	4.1 TITLE					☐ Chang	e 🔲 Addition
NAME	FAIRBANKS, CARMEN		4. 2 NAME						\$
STREET ADDRESS	6332 NE 11 AVE		4.3 STREE	ADDRESS					Į.
CITY-ST-ZIP	FT LAUDERDALE FL 33334 4.41		4.4 CITY-S	T-ZIP					
TITLE			5.1 TITLE	1				☐ Chang	e 🔲 Addition

CITY-ST-ZIP 14. I 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, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Change

Addition