

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 16 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000080829 (9)  
 1. Corporation Name

MELISSARIS ENTERPRISES CORPORATION



Principal Place of Business

17610 LAKE KEY DRIVE 762  
 ODESSA FL 33556

Mailing Address

17610 LAKE KEY DRIVE  
 ODESSA FL 33556

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1997

4. FEI Number

59-3475873

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 owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes  No

2. Principal Place of Business

21 7629 COURTNEY CAMPBELL CAUSEWAY  
 Suite, Apt. #, etc.

2a. Mailing Address

26 7629 COURTNEY CAMPBELL CAUSEWAY  
 Suite, Apt. #, etc.

23 City & State

TAMPA FL

27 City & State

TAMPA FL

24 Zip

33607

25 Country

USA

29 Zip

33607

30 Country

USA

9. Name and Address of Current Registered Agent

MELISSARIS, MARIA  
 17610 LAKE KEY DRIVE  
 ODESSA FL 33556

10. Name and Address of New Registered Agent

81 Name MRS. MARIA MELISSARIS  
 82 Street Address (P.O. Box Number is Not Acceptable) 7626 COURTNEY CAMPBELL CAUSEWAY  
 83  
 84 City TAMPA FL 85 Zip Code 33607

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 *Maria Meletios*  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 9/18/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MELISSARIS, MARIA	
STREET ADDRESS	17610 LAKE KEY DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MELISSARIS, MELETIOS	
STREET ADDRESS	17610 LAKE KEY DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MELISSARIS, AGTHA	
STREET ADDRESS	17610 LAKE KEY DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	700002666277
3.3 STREET ADDRESS	-10/19/98--01006--013
3.4 CITY-ST-ZIP	***150.00
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE *Maria Meletios*

DATE 9/18/98

CR2E034 (5/98)

(2)

**MELISSARIS ENTERPRISES CORPORATION  
7626 COURTNEY CAMPBELL CAUSEWAY  
TAMPA, FLORIDA 33607**

September 15, 1998

Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

*RE: 1998 Profit Corporation Annual Report*

*To Whom It May Concern:*

*I am writing this letter in response to your second notice that I just received. We never received your first notice to pay the annual fee.*

*Enclosed is a check for \$150.00 and the Annual Report. Please accept this a full payment since we did not receive the original form.*

*Thank you for your cooperation.*

Sincerely,

*Maura Melzer's*  
President