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 # **P97000086931**

EVOS HOLDINGS, INC.

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90033 009 ***150.00



Principal Place	of Business	Mailing Address					TABILIAN (10 1011) BOSIN ABSIN BOSIN BOSIN BOSIN BOSIN BOSIN BOSIN BOSIN BOSIN STAD STAD STAD STAD STAD STAD STAD STAD
3211 BAY TO BAY BLVD. TAMPA FL 33629		3211 BAY TO BAY BLVD TAMPA FL 33629					DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
							10/03/1997
2 Princips I Pla	ace of Business	2a. Mailing Address					4 EEI Number
21 607	5 HOWARD AV.	26 609 S	How	346	D #	7~	59-3503967 No Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional
22		27					5. Certificate of Status Desired Fee Re quired
City & State	_	City & State					6. Election Campaign Financing \$5.00 May Be
23 TAN		28 TAMPA	_ 7				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry V:	= 1		8. This corporation owes the current year Intangible Personal Property Tax. Yes No
24 336		29 33606	30	<u> </u>			1 0.00
9. Name and Address of Curren: Registered Agent 10. Name and Address of New Registered Agent 81 Name							
HANEY, R. REID							
101 E. KENNEDY BLVD., STE. 4100				82	Street /	earbt A	ress (P.O. Bo Number is Not Acceptable)
TAMPA FL 33602				83			
				84	City		F'L 85 Zip Code
11 Pursuant t	o the provisions of Sections 607.0502	and 607.1508. Florida Statu	tes, the at	bove-	named	c orpor	poration submits this statement for the purpose of changing its registered
office or re	edistared agent, or both, in the State of	Florida, Such change was a	authorized	l by th	ne corpo	ration	on's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and a coept the obligations of, Section 607.0505, F orida Statutes.							
SIGNATURE Signature, typed or printed ni me of registered agen, and title if applicable (NO E: Registered Agent signature recuired who						ed when reinstating DATE	
12.	OFFICERS AND	DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TIT	ΓLE	•	Pe	RESIDEN7 Addition
NAME	CRASSAS, ALKIS		1.2 NA	ME			
STREET ADDRESS	3211 BAY TO BAY BLVD.		1.3 ST	REET A	DDRESS		
CITY-ST-ZIP	TAMPA FL 33629			TY-ST-	ZiP		Change Addition
TITLE	D	☐ DELETE	2.1 TIT			VF	P, SECRETALY/TREASURER Change Addition
NAME	JEFFERS, MICHAEL		2.2 NA				
STREET ADDRESS	3211 BAY TO BAY BLVD.				DDRESS		
CITY-ST-ZIP	TAMPA FL 33629	D DELETE		ΠΥ-S <u>Ţ</u> -	ZIP		Change ☐ Addition
TITLE	D	☐ DELETE	3.1 TIT			V- (PRES. (Xchange [] Addition
NAME	LAMBRIDIS, DINO		32 NA		DDDEGO		
STREET ADDRESS	3211 BAY TO BAY BLVD.				ADDRESS		
CITY-ST-ZIP	TAMPA FL 33629	□ DELETE	3.4. C	ITY-ST-	- 217		☐ Change ☐ Addition
TITLE	DIAMOND DADDOUGH	ب مدداد	4, 2 N				
NAME STREET ADDRESS	DIAMOND, DARROUGH				ADDRESS		
STREET ADDRESS	3211 BAY TO BAY BLVD. TAMPA FL 33629			TY-ST-			
CITY-ST-ZIP TITLE	IMMEN FL 33029	☐ DELETE	5.1 TD		64"		☐ Change ☐ Addition
NAME			5.2 NA				
STREET ADDRESS			5.3 ST	REETA	NODRESS		
CITY-ST-ZIP			5.4 CI	TY-ST-	ZIP		
TITLE		☐ DELETE	6.1 Til	ΓLE			☐ Change ☐ Addition
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 ST	REET A	ADDRESS		
City-St-ZIP	~ A		6.4 CI	TY-ST-	ZIP		

this filing does not qualify for the exemption stated in Section 119.0 (3)(i), Florida Statutes. I further pertify that the information in the proof is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an error trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ment with an address, with all other like empowered. 14. I hereby certify that the information supplied windicated on this annual report or supplement officer or director of the corporation or the rec Block 12 or Block 13 if changed, or on an attach.

SIGNATURE: SIGNATURE AND THEE