

CAPITAL CONNECTION

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05/19 '98 14:17 NO.774 06/07

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra W. Wortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 997000102293

1. Corporation Name
EOKA VITA, INC.

Principal Place of Business Mailing Address

5885 Seminole Boulevard 5885 Seminole Boulevard
Seminole, Florida 33772 Seminole, Florida 33772

2. Principal Piece of Business 2a. Mailing Address

21 Same 2a Same
Suite, Apt. #, etc Suite, Apt. #, etc

22 City & State 27 City & State

23 Zip 28 Country

24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
December 4, 1997

4. FEI Number
65-0811812

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

9. Name and Address of Current Registered Agent

Stavros Tingirides, Esq.
800 North Belcher Road, Suite 4
Clearwater, Florida 33765

10. Name and Address of New Registered Agent

81 Name
Stavros Tingirides, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)
2469 Enterprise Road

83 Suite
Suite B

84 City
Clearwater

85 FL Zip Code
33765

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 appointment as registered agent. I am familiar with and accept the obligations of Section 607.0805, Florida Statutes.

SIGNATURE: Stavros Tingirides, Esq. July 27, 1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS <input type="checkbox"/> DELETE	11 TITLE	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mamas Antoniou	12 NAME	800002602038
STREET ADDRESS	5885 Seminole Boulevard	13 STREET ADDRESS	-07/29/98--01095--011
CITY-ST-ZIP	Seminole, Florida 33772	14 CITY-ST-ZIP	*****8.75 *****8.75
TITLE	<input type="checkbox"/> DELETE	21 TITLE	800002602038
NAME		22 NAME	-07/29/98--01095--012
STREET ADDRESS		23 STREET ADDRESS	*****550.00 *****550.00
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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: Mamas Antoniou Mamas Antoniou (727) 381-4040