SECOND NOTICE: CORPORATION WILL BE DISSOLVED [illegible] R AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIM[illegible] MOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 SEP 27 PM 1:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S65345** **(8)**

1. Corporation Name
ENDAPEST CORP.

Principal Place of Business	Mailing Address
2328 SEVEN SPRINGS BLVD. NEW PORT RICHEY FL 34655	2328 SEVEN SPRINGS BLVD. NEW PORT RICHEY FL 34655

3. Date Incorporated or Qualified: 07/05/1991
3a. Date of Last Report: 01/18/1995

2. Principal Place of Business
21: 6847 PORTER RD
22: Suite, Apt #, etc
23: City & State: NEW PORT RICHEY FL
24: Zip: 34653
25: Country: PASCO

2a. Mailing Address
26: 6847 PORTER RD
27: Suite, Apt #, etc
28: City & State: NEW PORT RICHEY FL
29: Zip: 34653
30: Country: PASCO

4. FEI Number: 59-3073283 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
MILLIOTO, CHARLES D.
6433 WERNER AVE
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent
81 Name: MILLIOTO, MICHAEL V
82 Street Address (P.O. Box Number is Not Acceptable): 6847 PORTER RD
83:
84 City: NEW PORT RICHEY FL 85 Zip Code: 34653

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: MICHAEL V MILLIOTO PRESIDENT — 9-15-96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required where name is changed) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE	PTS	☒ Change ☐ Addition
NAME	MILLIOTO, MICHAEL V.		1.2 NAME	MILLIOTO, MICHAEL V	
STREET ADDRESS	3550 NIXON ROAD		1.3 STREET ADDRESS	6847 PORTER RD	
CITY-ST-ZIP	HOLIDAY FL		1.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	VS	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MILLIOTO, CHARLES D.		2.2 NAME		
STREET ADDRESS	6433 WERNER AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

400001961164
-10/01/96--01123--012
****225.00 ****225.00

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MICHAEL V MILLIOTO — 7-15-96 — (813) 372-8890 / (813) 849-3077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #