

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V72444** (5)

1. Corporation Name  
**E.W.I.S. INCORPORATED**



Principal Place of Business	Mailing Address
<del>5900 EAST DR. #568 CLEARWATER FL 34624 US</del>	<del>5900 EAST BAY DR. GTE 500 SUITE 222 CLEARWATER FL 34624 US</del>

3. Date Incorporated or Qualified <b>10/15/1992</b>	3a. Date of Last Report <b>04/24/1995</b>
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2. Principal Place of Business 21 <b>3665 E. Bay Dr.</b>	2a. Mailing Address 26 <b>3665 E. Bay Drive</b>
Suite, Apt. #, etc. 22 <b>Suite # 224</b>	Suite, Apt. #, etc. 27 <b>Suite # 224</b>
City & State 23 <b>Largo, Fl.</b>	City & State 28 <b>Largo, Fl.</b>
Zip 24 <b>34641</b>	Country 25 <b>U.S.A.</b>
Zip 29 <b>34641</b>	Country 30 <b>U.S.A.</b>

4. FEI Number <b>59-3158155</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

~~JONES, J.G.  
520 FOURTH STREET NORTH  
5360 EAST BAY DR. #568  
CLEARWATER FL 34624~~

10. Name and Address of New Registered Agent

81 Name <b>John A. Yacalis</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2071 Belleair Rd.</b>
83
84 City <b>Clearwater</b>
85 State <b>FL</b>
86 Zip Code <b>34624</b>

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: *John A. Yacalis* **JOHN A. YACALIS, President** **April 5, 1996**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D YACALIS, JOHN A. 2071 BELLEAIR RD. CLEARWATER FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

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	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 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)(k), 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: *John A. Yacalis* **JOHN A. YACALIS** **April 15, 1996** (813) 535-1335  
Signature and typed or printed name of signing officer or director Date Day, time Phone #

CR2E034 (12/95)