

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

05 SEP 11 AM 11:43

DOCUMENT # **F64210 (0)**

1. Corporation Name

OLYMPIA RESTAURANT & PIZZA, INC.



Principal Place of Business

Mailing Address

**1311 HERITAGE ACRES BLVD.
ROCKLEDGE FL 32955**

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ROCKLEDGE FL 32955**

3. Date Incorporated or Qualified
01/22/1982

3a. Date of Last Report
08/10/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2235775

Applied For
 Not Applicable

21 Suite, Apt #, etc

26 Suite, Apt #, etc

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

Country

29 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HRYSOULA, MITROPOULOS
1311 HERITAGE ACRES BLVD.
ROCKLEDGE FL 32955**

81 Name

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

83

84 City

FL

85 Zip Code

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 join in the appointment as registered agent. I am familiar with and accept the obligations of Section 607.050b, Florida Statutes.

SIGNATURE

Signature type: Signer is the registered agent of the corporation. (If the registered agent is a natural person, the signature must be handwritten.)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **VDS MITROPOULOS, HRYSOULA**
STREET ADDRESS **1311 HERITAGE ACRES BLVD.**
CITY - ST - ZIP **ROCKLEDGE FL 32955**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE DELETE
NAME **PD MITROPOULOS, PETER**
STREET ADDRESS **1311 HERITAGE ACRES BLVD.**
CITY - ST - ZIP **ROCKLEDGE FL 32955**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE DELETE
NAME **VPD MITROPOULOS, ARTHUR**
STREET ADDRESS **1311 HERITAGE ACRES BLVD.**
CITY - ST - ZIP **ROCKLEDGE FL 32955**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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)(e), 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:

SIGNATURE AND/ OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PETER MITROPOULOS
9/9/96**

CR2E034 (3/96)