FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 26 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G83015 (9)

1. Corporation Name

GRECO-ROMAN, INC.

Principal Place of Business	Mailing Address
1305 POINSETTIA DR 1 DELRAY BEACH FL 33444	1305 POINSETTIA DR 1 DELRAY BEACH FL 33444

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/02/1984
3a. Date of Last Report: 02/10/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-2419722 ☐ 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

ATHANASAKOS, ELIZABETH
1800 N.E. 26TH STREET
FT. LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

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 accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	- SOLD COMPANY -	☑ Change ☐ Addition
NAME	MANOLAKOS, JOHN	1.2 NAME	-VOID-	
STREET ADDRESS	1305 POINSETTIA DR 1	1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	D/P	☑ Change ☐ Addition
NAME	MANOLAKOS, PAUL	2.2 NAME		
STREET ADDRESS	1305 POINSETTIA DR 1	2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE	-VOID-	☑ Change ☐ Addition
NAME	STATHAKIS, GINA	3.2 NAME		
STREET ADDRESS	1305 POINSETTIA DR 1	3.3. STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP		
TITLE	GM	4.1 TITLE	S	☑ Change ☐ Addition
NAME	MANOLAKES, ZAFIRA	4.2 NAME	MANOLAKOS, ZAFIRA	
STREET ADDRESS	1305 POINSETTIA DRIVE, SUITE #1	4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP		
TITLE	M	5.1 TITLE	-VOID-	☑ Change ☐ Addition
NAME	MANOLAKES, EFFIE	5.2 NAME		
STREET ADDRESS	1305 POINSETTIA DRIVE, SUITE #1	5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	V	☐ Change ☑ Addition
NAME		6.2 NAME	GOULTIS, ANTHONY	
STREET ADDRESS		6.3 STREET ADDRESS	1305 POINSETTIA DRIVE, SUITE #1	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	DELRAY BEACH, FL	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: _____ PAUL MANOLAKOS - President 4/21/95 407-276-7101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0967448 CP