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 # **J66772** **(1)**

1. Corporation Name

ALEX FAMILY RESTAURANT, INC.

Principal Place of Business	Mailing Address
% ANTHONY ALOIZAKIS 305 CORONADO DR. CLEARWATER BEACH FL 34630	1996 BONNIE COURT DUNEDIN FL 34697 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 04/06/1987	3a. Date of Last Report 03/21/1995
4. FEI Number 59-2804194	☐ 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

ALOIZKIS, OURANIA.
305 CORONADO DR.
CLEARWATER BEACH FL 34630

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: X Ourania Aloizakis 3/9/96
Signature, typed or printed name of registered agent and date. Required. (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GALIATSATOS, ALEX		1.2 NAME		
STREET ADDRESS	121 DEVON DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER BEACH FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GALIATSATOS, NICK		2.2 NAME		
STREET ADDRESS	1682 ROBINHOOD LN		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ALOIZAKIS, OURANIA.		3.2 NAME		
STREET ADDRESS	1996 BONNIE COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ALOIZAKIS, ANTHONY		4.2 NAME		
STREET ADDRESS	1996 BONNIE COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GALIATSATOS, STAMO		5.2 NAME		
STREET ADDRESS	121 DEVON LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GALIATSATOS, ANASTASIA		6.2 NAME		
STREET ADDRESS	1682 ROBINHOOD LN		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: X Ourania Aloizakis SECRETARY. OURANIA ALOIZAKIS 4/21/96 (813) 733-3795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)