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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

K99630 DOCUMENT #

(1)

DRIZIS ENTERPRISES, INC.

Principal Place of Business Mailing Address

1377 STRAT	AS BAYWAY #107 FORD DR DE FL 33715	% JOHN D. DRIZIS 1377 STRATFORD DR CLEARWATER FL 34616		3. Date incorporated or Qualified 06/26/1989	3a. Date of Last Report 05/01/1995
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 % John D	Drizis.	59-2957305	Not Applicable
Suite, Apt.	#, etc. Pinclas Brywny #107	Suite, Apt. #, etc.	S Bayuny \$10>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Tier	raverde, FL	28 Tierra Verd		Trust Fund Contribution	Added to Fees
Zip	Country	Zp 3715	Country	8. This corporation has liability for i	
24 337		[28]	30 Pinellas	Tonda Glatatos	□No
<u> </u>	9. Name and Address of Curren	t Hegistered Agent	81 Name	10. Name and Address of New R	egistered Agent
1377 S	. John D. Trutford Dr Water Fl 34616		82 Street Add	RIZIS, JOHN D. Gress (P.O. Box Number is Not Acceptab OI Pine Ilas Bayway	^(ie) # 107
į			84 City	eria Verde	FL 85 Zip Code 337/5
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes	the above-named coro	oration submits this statement for the pur	pose of changing its registered office
or registe familiar w	red agent, or both, in the State of Floric ith, and accept the obligations of, Secti	da. Such change was authorized	by the corporation's bo	ard of directors. I hereby accept the app	óintment as régistered ágent. I am AG
SIGNATURE	Signature, yield or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature requi	red when reinstating)	DATE.
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFF	
TITLE	PST	☐ DELETE	1, 1 TITLE		Change Addition
NAME	DRIZIS, JOHN D.		1.2 NAME		
STREET ADDRESS	1101 PINELLAS BAYWAY #1	07	1.3 STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE FL		1.4 CITY-ST-ZIP		
Title		DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CHTY-ST-ZIP			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		
			5.4 CITY - ST - ZIP		
CITY - ST - ZIP		☐ DELETE	6. 1 TITLE		Change Addition
NAME			6.2 NAME		
ļ			6.3 STREET ADDRESS		
STREET ADDRESS			0.5 STREET RUDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

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 unde 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, from an attachment with an address.

PLESIDED T

JOHN D. DRIZIS

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR