

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: (\$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 30 AM 9:26

**DOCUMENT # L33679 (6)**

1. Corporation Name  
**KNOSSOS, INC.**

Principal Place of Business: **% HARRY G. CARRATT 2801 E OAKLAND PARK BLVD SUITE 500 FT LAUDERDALE FL 33308**  
 Mailing Address: **% HARRY G. CARRATT 2801 E OAKLAND PARK BLVD SUITE 500 FT LAUDERDALE FL 33308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/30/1989**      3a. Date of Last Report: **06/27/1994**  
 4. FEI Number: **65-0170823**      Applied For:  Not Applicable:   
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Law Firm (Company Reporting Trust Assets Contributions):  \$5.00 May Be Added to Fees  
 7. This corporation has liability for violation of the statute in 1993 (1994 Florida Statutes):  Yes  No

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: **24**      Country: **25**      Zip: **29**      Country: **30**

9. Name and Address of Current Registered Agent: **CARRATT, HARRY G. SUITE 500 ADAMS BLDG 2801 E OAKLAND PARK BLVD FT LAUDERDALE FL 33308**  
 10. Name and Address of New Registered Agent:  
 81 Name: \_\_\_\_\_  
 82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 83 \_\_\_\_\_  
 84 City: \_\_\_\_\_      85 Zip Code: **FL**

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: \_\_\_\_\_ (Signature Used to Print Name of Registered Agent and to File Report to Public)      \_\_\_\_\_ (Signature of Registered Agent Required when Resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE: <b>D</b>	NAME: <b>SARRIS, MICHAEL M.</b>	1. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>2881 NE 19TH ST</b>	CITY, ST, ZIP: <b>POMPANO BEACH FL</b>	2. NAME: _____	
TITLE: <b>DST</b>	NAME: <b>PETRAKIS, MICHAEL</b>	3. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>2881 NE 19TH ST</b>	CITY, ST, ZIP: <b>POMPANO BEACH FL</b>	4. NAME: _____	
TITLE: _____	NAME: _____	5. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY, ST, ZIP: _____	6. NAME: _____	
TITLE: _____	NAME: _____	7. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY, ST, ZIP: _____	8. NAME: _____	
TITLE: _____	NAME: _____	9. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY, ST, ZIP: _____	10. NAME: _____	
TITLE: _____	NAME: _____	11. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY, ST, ZIP: _____	12. NAME: _____	
TITLE: _____	NAME: _____	13. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY, ST, ZIP: _____	14. NAME: _____	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is not ready for the exemption stated in Sections 110 07 (1)(a), Florida Statutes. I further certify that the information indicated on this annual report is a successful annual report in form and substance and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or a receiver or trustee empowered to execute this report as required by Chapter 1207, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE: *[Signature]* **Michael Petrakis**      6/24/95      305 941 3712

CR2E034 (3-95)