FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:

SIGNATURE AND TYPED OR PRIN



FLORIDA DEPARTMENT OF STATE

FILED

Apr 25 1997 8:00am

Secretary of State

Daytimu Phone #

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L79289

(9)

MEDITERRANEAN ENTERPRISES, INC. Principal Place of Business Mailing Address 2129 DREW STREET 2129 DREW STREET CLEARWATER FL 34825 CLEARWATER FL 34825-3217										
						3. Date incorporated or Qualified 06/11/1990	3a. Date of L. 04/12/19:		rt	
ler envir	lace of Business	2a. Mailing Address				4. FEI Number	-	Applie		
21		26				59-3022868	40		plicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	7	\$8.75 Additional Fee Required		
City & Stat 23	e	City & State				Election Campaign Financing Trust Fund Contribution		.00 May		
Zip	Country Zip Cou			/		a, This corporation has liability to mangible tax under s. 199.032,				
24	25		30			Florida Statutes	Yes No			
	g. Name and Address of Curre	ent Registered Agent	81	Nar		10. Name and Address of New Re	Istered Agent			
	NSTANTINOU, CHRIS			140	16					
2129 DREW STREET CLEARWATER FL 34825				Stre	et Addre	ss (P.O. Box Number is Not Acceptab	le)			
OLE	VIIIVIEILI F OTORA		83			,	······································		***************************************	
			84	City			FL E5	Zip Code	e	
44 Durewant	to the provisions of Sections 607 0	502 and 607 1508 Florida Statute	s the ebox	9.020	ed corne	ration submits this statement for the o		ing its re	aistered	
f	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change was at gations of, Section 607.0505, Flor	uthorized b rida Statute	y the o	orporatio	oration submits this statement for the pon's board of directors. I hereby accept	t the appointme	nt as regi	stered	
SIGNATURE.	Signature, lypnid or printed name of registered a	igent and title if applicable. (NOTE	Registered Ag	ent signe	ture required	d when rainstating)	DATE			
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC				
TITUE	DVP	☐ DELETE	1.1 TOPLE				[] Ch	ange [Addition	
NAME	CONSTANINOU, MARIOS		1.2 NAME		Ì					
STREET ADDRESS	1120 KENWOOD DR		1.3 STREE	t addre	xs					
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY+	ST-ZIP					1 1 1 1 1 1 1 1 1	
THILE	DP DELETE 21'				1		∐ Ch	ange L	Addition	
NAME	CONSTANTINOU, CHRIS		2 2 NAME							
STREET ADDRESS	2129 DREW ST		2.3 STREE		×					
CHY-ST-ZiF			2. 4 CITY - 3.1 TITLE	2. 4 CITY - ST - ZIP			☐ Ch	anvie	Addition	
TITLE	CONSTANTINOU, DINOS	C Ditti	3.2 NAME				<u>[</u>	nigo L.	1 Modition	
NAME STREET ADDRESS	2129 DREW ST		3.3 STREE							
CITY-ST-ZIP	CLEARWATER FL		3.4. CITY-		~					
TITLE		DELETE	4.1 TITLE				Ch	ange [Addition	
NAME		_	4. 2 NAME					-		
STREET ADDRESS			4.3 STREE		is					
CHY-ST-ZIP			4.4 CHTY-	ST-ZIP						
THILE		DELETE	5.1 TITLE		T		☐ Ch	ange [Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	T ADDRE	is					
CHY-SI-ZIP			5.4 CITY-	ST-ZIP					The second	
THUE		☐ DELETE	6.1 TITLE				□ Ch	ange [_ Addition	
NAMÉ			6.2 NAME							
STREET ADDRESS			6.3 STREE		is					
C(IY-S1-7IP	by cartify that the information owner	ind with this ding days ast gualit.	6.4 CITY-	ST-ZIP	n stated	in Section 119 07/3VI). Florida Statuto	s I further certify	that the		
information are information are contact are are contact appears.	on indicated on this annual report of a fine or director of the corporation in Block 12 or Block 13 if changed,	r supplemental annual report is tru or the receiver or trustee expower or on an attachment with an add	ue and acc ered to exe- ress.	urate :	ind that r	in Section 119.07(3)(i), Florida Statute my signature shall have the same lega as required by Chapter 607, Florida S	l effect as if mad tatutes; and that	le under o my name	oath; that e	