## FILE NOW: FILING FEE AFTER MAY 1 IS \$550 00

**PROFIT** CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT STATE Sandra B. Morti

Secretary of Sta

DIVISION OF CORPOR

(3)

DOCUMENT # JOHN & GEORGE SERVICE, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 29 1997 8:00am Secretary of State



| FORT LAUDERDALE FL 33304  |  | FORT LAUDERDALE FL 33304-1475 |            |                      |  |                                    |  |
|---|--|-------------------------------|------------|----------------------|--|------------------------------------|--|
|   |  |                               |            |                      | 3. Date Incorporated or Qualified 03/07/1988 | 3a. Date of Last Report 05/01/1996 |  |
| 2. Principal Place of Business  |  | 2a. Mailing Address           |            |                      | 4. FEI Number                                | Applied For                        |  |
| 21  |  | 26                            |            |                      | 65-0034049                                   | Not Applicable                     |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.           |            |                      | 5. Certificate of Status Desired             | \$8.75 Additional                  |  |
| 22  |  | 27                            |            |                      | 5. Certificate of Status Desired             | Fee Required                       |  |
| City & State  | 9  | City & State                  | Ţ          |                      | 6. Election Campaign Financing               | \$5.00 May Be                      |  |
| 23  |  | 28                            |            |                      | Trust Fund Contribution                      | Added to Fees                      |  |
| Zip   | Country                                      | Zip                           | Count      | ry                   | 8. This corporation has liability for i      | ntangible tax under s. 199.032,    |  |
| 24  | 25   |                               | 30         |                      |  | Yes No                             |  |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered  |  |                               |            |                      |  | gistered Agent                     |  |
|   | STASIOU, VAN                                 |                               | 8          | 1 Name               |  |                                    |  |
| 7 S.E. 13TH STREET  |  |                               | ē          | 2 Street Add         | Address (P.O. Box Number is Not Acceptable)  |                                    |  |
| FORT LAUDERDALE FL 33316  |  |                               |            |                      |  |                                    |  |
|   |  |                               | 8          | 3                    |  |                                    |  |
|   |  |                               | 8          | 4 City               | <del></del>                                  | <b>85</b> Zip Code                 |  |
|   |  |                               |            | 1 "                  |  | 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, typed or printed name of register |                               |            | gent signature requi | red when reinstating)                        | DATE                               |  |
| 12.   | PVP  | S AND DIRECTORS  DELETE       | 13.        |                      | ADDITIONS/CHANGES TO OFFIC                   |                                    |  |
| TITLE   | LOUVARIS, JOHN                               | L Offer                       | 1.1 TRILE  |                      |  | Change Addition                    |  |
| NAME  | 916 SE 10 CT.                                |                               | 1.2 NAM    |                      |  | i i                                |  |
| STREET ADDRESS  |  |                               | 1 3 STRE   | E1 ADDRESS           |  | li li                              |  |
| CITY-ST-ZIP   | POMPANO BCH. FL.                             |                               | 14 C(TY    | ST-ZIP               |  |                                    |  |
| TITLE   | D OUTDOOR OUTDOOR                            | ☐ DELETE                      | 21 HH F    |                      |  | Change Addition                    |  |
| NAME  | 040 OF 40 OT                                 |                               | 22 NAME    |                      |  |                                    |  |
| STREET ADDRESS  |  |                               | 23 STRE    | F1 ADDRESS           |  |                                    |  |
| CITY-ST-ZIP   |  |                               | 2 4 CITY   |                      |  |                                    |  |
| TITLE   | ☐ DELETE                                     |                               | 3.1 TITLE  |                      |  | Change Addition                    |  |
| NAME  |  |                               | 3.2 NAME   |                      |  |                                    |  |
| STREET ADDRESS  |  |                               | 3 3 STREE  | 1 ADDRESS            |  |                                    |  |
| CITY-ST-2IP   |  |                               | 3.4. CITY  | - ST - ZIP           |  |                                    |  |
| TITLE   | ☐ OELETE                                     |                               | 4.1 THILE  |                      |  | ☐ Change ☐ Addition                |  |
| NAME  |  |                               | 4. 2 NAM   | t I                  |  |                                    |  |
| STREET ADDRESS  |  |                               | 4.3 STREE  | 1 ADDRESS            |  |                                    |  |
| CITY-ST-ZIP   |  |                               | 4.4 CFTY - | ST-ZIP               |  |                                    |  |
| TITLE   | DELETE 5.1                                   |                               | 5.1 THLE   |                      |  | Change Addition                    |  |
| NAME  |  |                               | 5.2 NAME   | :                    |  |                                    |  |
| STREET ADDRESS  |  |                               | 5 3 STREE  | T ADDRESS            |  |                                    |  |
| CITY-ST-ZIP   |  |                               | 5.4 CITY-  | ST-ZiP               |  |                                    |  |
| TITLE   |  | DELETE                        | 6.1 TITLE  |                      |  | Change Addition                    |  |
| NAME  |  |                               | 6 2 NAME   |                      |  |                                    |  |
| STREET ADDRESS  |  |                               | 6 3 STREE  | T ADDRESS            |  |                                    |  |
| CITY-ST-ZIP   |  |                               | 6.4 CITY - |                      |  |                                    |  |
|   |  |                               | V COILL    | U. 10                |  |                                    |  |

14. I do hereby certify that the information supplied with this filing 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 trusted 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.

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