FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N93000000809 (4)**

1. Corporation Name

MEGAS ALEXANDROS, INC.

Principal Place of Business	Mailing Address
125 SOUTH HOLLYWOOD AVE. DAYTONA BEACH FL 32118	P.O. BOX 5103 DAYTONA BEACH FL 32118

3. Date Incorporated or Qualified: **03/03/1993**
3a. Date of Last Report: **03/17/1995**

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:

4. FEI Number: **59-3176889** ☐ 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

KARALIS, DEMETRIOS
3126 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118

10. Name and Address of New Registered Agent

81 Name: TOMAIS DIMITRIOS
82 Street Address (P.O. Box Number is Not Acceptable): 125 S Hollywood Ave.
83: DAYTONA BEACH. FL
84 City: **FL** 85 Zip Code: 32118

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ TOMAIS DIMITRIOS SEC. 1/28/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SPIROS, KOSTARIDIS		1.2 NAME	
STREET ADDRESS	544 HAMLET DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ORANGE FL 32127		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SKANDALAKIS, RENOS		2.2 NAME	
STREET ADDRESS	230 N. HALIFAX		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DEMETRIOS, TOMAIS		3.2 NAME	
STREET ADDRESS	125 SOUTH HOLLYWOOD AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32118		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	TOMAIS, MARIA		4.2 NAME	
STREET ADDRESS	125 S. HOLLYWOOD AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32118		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	EPITROPOULOS, SAM		5.2 NAME	
STREET ADDRESS	538 N. HALIFAX DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	KOSTARIDIS, KOSTA		6.2 NAME	
STREET ADDRESS	544 HAMLET DR.		6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127		6.4 CITY-ST-ZIP	

CR2E037 (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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DIMITRIOS TOMAIS SEC. 1/28/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #