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Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DIMITRIOS, TOMIAS
125 S HOLLYWOOD AVE
DAYTONA BEACH FL 32118**

81 Name

TOMIAS DIMITRIOS

82 Street Address (P.O. Box Number is Not Acceptable)

125 S HOLLYWOOD AVE

83

84 City

DAYTONA BEACH

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

[Signature]
(Signature typed or printed name of registered agent and, if applicable, of the corporation)

TOMIAS DIMITRIOS
(NOTE: Registered Agent signature required when reinstating)

2/4/98
DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	SPIROS, KOSTARIDIS	
STREET ADDRESS	319 MOSS AVE	
CITY - ST - ZIP	HARBOR OAKS FL	
TITLE	VD	☐ DELETE
NAME	SKANDALAKIS, RENOS	
STREET ADDRESS	230 N. HALIFAX	
CITY - ST - ZIP	ORMOND BEACH FL 32178	
TITLE	SD	☐ DELETE
NAME	DEMETRIOS, TOMAIS	
STREET ADDRESS	125 SOUTH HOLLYWOOD AVE.	
CITY - ST - ZIP	DAYTONA BEACH FL 32118	
TITLE	TD	☐ DELETE
NAME	TOMAS, MARIA	
STREET ADDRESS	125 S. HOLLYWOOD AVE.	
CITY - ST - ZIP	DAYTONA BEACH FL 32118	
TITLE	D	☐ DELETE
NAME	EPITROPOULOS, SAM	
STREET ADDRESS	538 N. HALIFAX DR.	
CITY - ST - ZIP	ORMOND BEACH FL 32178	
TITLE	D	☐ DELETE
NAME	KOSTARIDIS, D K	
STREET ADDRESS	319 MOSS AVE	
CITY - ST - ZIP	HARBOR OAKS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I 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 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:

[Signature]

DIMITRIOS TOMAS Sec. 2/4/98

CP2E037 (10/97)