

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90049 046 *****61.25

0023808

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002262

1. Corporation Name

ATHENIANS-PIRAEOTANS CULTURAL ASSOCIATION: PERICLES, INC.

Principal Place of Business
4700 MCKINLEY ST.
HOLLYWOOD FL 33021

Mailing Address
4700 MCKINLEY ST.
HOLLYWOOD FL 33021



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/25/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		11-9464453	
24 Country		29 Country		30	
5. Certificate of Status Desired				☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	
6. Election Campaign Financing				☐ Trust Fund Contribution	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FILINGS, INC. 3732 NW 16TH ST. FT. LAUDERDALE FL 33311		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	
		FL 85 Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	IOANNOU, JOHN	1.2 NAME	
STREET ADDRESS	8821 SW 8TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DIMITRIOS, NAKIS	2.2 NAME	
STREET ADDRESS	4700 MCKINLEY ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	NAKIS, SOFIA	3.2 NAME	
STREET ADDRESS	4700 MCKINLEY ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SASSON, JACK	4.2 NAME	
STREET ADDRESS	9700 NW 18TH DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

1-8-99 954-9854038
 Date Daytime Phone #

CR2E037 (1/98)