

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

FILED
Jun 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000055681 (6)
1. Corporation Name
CHRISTO'S & DIMITRIO'S, INC.



Principal Place of Business Mailing Address
17421 THOMAS BLVD 6802 E. BROADWAY
HUDSON FL 34667 TAMPA FL 33619

2. Principal Place of Business 2a. Mailing Address
21 6802 E. BROADWAY 2a 6802 E. BROADWAY
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 TAMPA FL 27 TAMPA FL
City & State City & State
23 TAMPA FL 28 TAMPA FL
Zip Country Zip Country
24 33619 25 HILLSBORO 29 33619 30 HILLSBORO

3. Date Incorporated or Qualified 07/01/1996 3a. Date of Last Report
4. FEI Number 59-3389355 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
ARGIRIS, CHRISTOS and DIMITRIOS KALATHAKIS
17421 THOMAS BLVD 8641 Velvet Dr
HUDSON FL 34667 Port Richey FL 34668

10. Name and Address of New Registered Agent
81 Name Dimitrios Kalathakis
82 Street Address (P.O. Box Number is Not Acceptable) 8641 Velvet Dr
83 Port Richey
84 City FL 85 Zip Code 34668

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 *Christos Argiris* PRESIDENT DATE 5-19-97

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	CHRISTOS ARGIRIS	
STREET ADDRESS	17421 THOMAS BLVD	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	8641 Velvet Dr	
STREET ADDRESS	Port Richey FL	
CITY-ST-ZIP	34668	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	PAM KALATHAKIS	
STREET ADDRESS	8641 VELVET DR	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	ACCOUNTANT	<input type="checkbox"/> DELETE
NAME	PAT ARGIRIS	
STREET ADDRESS	17421 THOMAS BLVD	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 trustee 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.
SIGNATURE: *Christos Argiris* DATE: 5-19-97 813 671-4337

CR2E034 (9/96)