FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 28 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000005477 (4)**

1. Corporation Name

ARGONAUTS - ORGANIZATION FOR SOCIAL, ENVIRONMENTAL, CULTURAL, AND ARTISTIC PLANNING OF GREECE -

Principal Place of Business	Mailing Address
3555 GLOSSY IBIS CT. PALM HARBOR FL 34683	3555 GLOSSY IBIS CT. PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1994
3a. Date of Last Report:
4. FEI Number: 59-3284943 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1601 Keene Road	26 1601 Keene Rd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Clearwater, FL 34616	28 City & State: Clearwater, FL 34616
24 Zip / 25 Country: Pinellas	29 Zip / 30 Country: Pinellas

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ZAHAROPOULOS, KALLINIKOS S
3555 GLOSSY IBIS CT.
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name: Zacharopoulos, Kallinikos S.
82 Street Address (P.O. Box Number is Not Acceptable): 1601 Keene Road
83 Clearwater
84 City: FL 85 Zip Code: 34616

11. Pursuant to the provisions of Section 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 duties of, Section 607.0505, Florida Statutes.

SIGNATURE: [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	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	ZAHAROPOULOS, KALLINIKOS S	1.2 NAME	Zacharopoulos, Kallinikos S.
STREET ADDRESS	3555 GLOSSY IBIS CT.	1.3 STREET ADDRESS	1601 Keene Road
CITY-ST-ZIP	PALM HARBOR FL 34683	1.4 CITY-ST-ZIP	Clearwater, FL 34616
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	DASKALOPOULOS, GEORGE	2.2 NAME	
STREET ADDRESS	19 HARBOR OAKS CIR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	LAMBROS, HARRY	3.2 NAME	
STREET ADDRESS	3705 36TH AVE. W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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)(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 added by attachment with an address.

SIGNATURE: [signature] 3/28/95
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000180