

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

FILED

Jun 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mottman</b> Secretary of State DIVISION OF CORPORATIONS
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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 21 <b>6802 E. BROADWAY</b> Suite, Apt. #, etc. 22 City & State 23 <b>TAMPA FL</b> Zip 24 <b>33619</b>	2a. Mailing Address 26 <b>6802 E. BROADWAY</b> Suite, Apt. #, etc. 27 City & State 28 <b>TAMPA FL</b> Zip 29 <b>33619</b>
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3. Date Incorporated or Qualified <b>07/01/1996</b>	3a. Date of Last Report
4. FEI Number <b>59-3389355</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ARGIRIS, CHRISTOS and DIMITRIOS KALATHAKIS</b> <b>17421 THOMAS BLVD 8641</b> <b>HUDSON FL 34667 Velvet Dr</b> <b>Port Richey FL 34668</b>		10. Name and Address of New Registered Agent 81 Name <b>Dimitrios Kalathakis</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>8641 Velvet Dr</b> 83 <b>Port Richey</b> 84 City <b>FL</b> 85 Zip Code <b>34668</b>	
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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**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PRESIDENT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHRISTOS ARGIRIS</b>	1.2 NAME	
STREET ADDRESS	<b>17421 THOMAS BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HUDSON FL 34667</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>8641 Velvet Dr</b>	2.2 NAME	
STREET ADDRESS	<b>Port Richey FL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>34668</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SECRETARY</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAM KALATHAKIS</b>	3.2 NAME	
STREET ADDRESS	<b>8641 VELVET DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT RICHEY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>ACCOUNTANT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAT ARGIRIS</b>	4.2 NAME	
STREET ADDRESS	<b>17421 THOMAS BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HUDSON FL 34667</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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** **621-4337**

CR2E034 (9/96)