

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90025 045 ***150.00

DOCUMENT # 497635

1. Entity Name

C. & C. LYCOURIS PROPERTIES, INC.



Principal Place of Business

827 N ATLANTIC BLVD
FT LAUDERDALE FL 33304

Mailing Address

2421 N.E. 7TH PLACE
FT. LAUDERDALE FL 33304



2. Principal Place of Business

845 N ATLANTIC BLVD

Suite, Apt. #, etc.

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE FL

Zip
33304

Country
USA

3. Mailing Address

2421 N.E. 7TH PLACE

Suite, Apt. #, etc.

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE FL

Zip
33304

Country
USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1670957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ATHANASAKOS, ELIZABETH
2631 12700 EAST OAKLAND PARK BLVD.
SUITE D
FORT LAUDERDALE FL 33306-1623

7. Name and Address of New Registered Agent

Name

JOEL MARCUS

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

676 W. PROSPECT RD

City

FT. LAUDERDALE

FL

Zip Code

33309

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

JOEL MARCUS

Joel Marcus

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Feb 20 2006

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PDT
LYCOURIS, CATHERINE
2421 N.E. 7TH PLACE
FT. LAUDERDALE FL 33304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VS
LYCOURIS, STEPHEN
2421 N.E. 7TH PLACE
FT. LAUDERDALE FL 33304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Catherine Lycouris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/2006 9:44-566-5569

Date Daytime Phone #