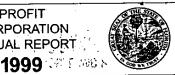
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 504019

DAVID P. COSTAKOS, INC.

Mailing Address Principal Place of Business MICKEY MOUSE MOTORS 392 H GOLFVIEW RD NORTH PALM BEACH FL 33408 1960 W 9TH ST UNIT 7 DO NOT WRITE IN THIS SPACE RIVERA BEACH FL 33404 3. Date incorporated or Qualifed 05/25/1976 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-1681143 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year Intangible Country Country Zip Zip ΠNo Personal Property Tax. 30 25 29 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name COSTAKOS, DAVID P Street Address (P.O. Box Number is Not Acceptable) 392 H GOLFVIEW RD NO. PALM BEACH FL 33408 83 85 Zip Code 84 City 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, of 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, 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change ☐ DELETE 1.1 TITLE ' ्ट्रे भागने थी TITLE 1.2 NAME COSTAKOS, DAVID P NAME 392 H GOLFVIEW RD STREET ADDRESS 1.3 STREET ADDRESS NO PALM BCH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME : 3.3 STREET ADDRESS STREET ADDRESS 3.4. 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 607, 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 propowered. C/TY-ST-Z/P

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561-627-0330

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90006 038 ***150.00

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