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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

649991

(7)

Mailing Address

DEM

ion Name	•		•	
IETRIOUS	CUSTOM	TAILOR,	INC.	

FILED May 13 1998 8:00am Secretary of State

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					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified		
						12/31/1979		
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For				
		26				59-1971401	Not Applicable	
Suite, Apt. #, etc.		Suite, /	Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State		State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	Zip 29	30 Co	untry		_ · · · · · · · - · - ·	ent year Intangible] Yes No	
g, Name	and Address of Curre	nt Registered A	gent			10. Name and Address of New Registered A	gent	
				81	Name			
			62	Street Address (P.O. Box Number is Not Acceptable)				
				83	,,,,			
				84	City	FL	85 Zip Code	
	3111 UNIVERSITY DR. CORAL SPRINGS FL 33 Principal Place of Busic Suite, Apt. #, etc. City & State Zip 9, Name CRANMER, 1401 UNIVE 9800 WEST	3111 UNIVERSITY DR. CORAL SPRINGS FL 33065 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 25	Still UNIVERSITY DR. CORAL SPRINGS FL 33065 Principal Place of Business 2a. Mailing 28 Suite, Apt. #, etc. City & State City & State Country 25 9, Name and Address of Current Registered Architecture (CRANMER, R BRUCE 1401 UNIVERSITY DR. 9800 WEST SAMPLE ROAD	3111 UNIVERSITY DR. CORAL SPRINGS FL 33065 Principal Place of Business 2a. Mailing Address 26 Suite, Apt. #, etc. City & State City & State Zip Country Zip Country Zip Country Zip Country Apt. #, etc. Zip Country Zip Country Suite, Apt. #, etc. Zip Country Zip Country Zip Country Suite, Apt. #, etc. Zip Country Zip Country Suite, Apt. #, etc. Zip Country Zip Country Zip Country Suite, Apt. #, etc. Zip Country Zip Country Suite, Apt. #, etc.	State Consider the state of Business 26 Suite, Apt. #, etc. 27 City & State 28 Country 29 30 Primeiral Place of Business 26 Suite, Apt. #, etc. 27 City & State 29 30 Cranker, R BRUCE 1401 UNIVERSITY DR. 83 CORAL SPRINGS FL 33065	Still UNIVERSITY DR. CORAL SPRINGS FL 33065 Principal Place of Business 2a. Mailing Address 2b Suite, Apt. #, etc. City & State City & State Zip Country 25 29 30 Q. Name and Address of Current Registered Agent CRANMER, R BRUCE 1401 UNIVERSITY DR. 9800 WEST SAMPLE ROAD CORAL SPRINGS FL 33085	3111 UNIVERSITY DR. CORAL SPRINGS FL 33065 DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified 12/31/1979 Principal Place of Business 2a. Mailing Address 2b Sulte, Apt. #, etc. 5. Certificate of Status Desired City & State City & State Country 2b Country 2c 2c Country 2d 2d Country 2d	

SIGNATURE 5	ignature, typed or printed name of requirered agent and little if applicable	ANOTE I	Registered Agent signature requi	ired when reinstering)	NE.	
12.	OFFICERS AND DIRECTORS	. (NOTE	13.	ADDITIONS/CHANGES TO OFFICERS	·	S IN 12
TITLE	PST	DELÉTE	1.1 TITLE		☐ Change	Addition
NAME	PARASKEVOPOULOS, JAMES		1.2 NAME			
STREET ADDRESS	10140 N.W. 3RD PLACE		1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP			
TITLE		DELETE	2.1 TITLE		Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP			
TOLE		DELETE	3.1 TITLE	1000	Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP			3.4. CITY-ST-ZIP		_	
TITLE		DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			52 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CiTY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY ST - 2NP			64 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.