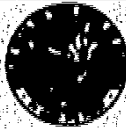


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763032 (0)

1. Corporation Name

**THE IONIAN ISLANDS SOCIETY OF FLORIDA, INC., EPT
ANISOS CHAPTER**

Principal Place of Business

Mailing Address

**2110 DREW STREET
CLEARWATER FL 34625**

**2110 DREW STREET
CLEARWATER FL 34625**

**27873 U.S. 19 NORTH
CLEARWATER, FL 34621**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1982

3a. Date of Last Report

04/28/1994

4. FBI Number

59-2961203

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

2a

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

SOTIRIS AGELOS

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

83

27873 U.S. 19 NORTH

84

CLEARWATER

FL

85. Zip Code
34621

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

[Signature]

DATE

2-25-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ALOIZAKIS, TONY
1898 BONNIE COURT
DUNEDIN FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
**P
SOTIRIS AGELOS
27873 U.S. 19 N.
CLEARWATER, FL 34621**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
VALLIANATOS, PETER
631 ISLAND WAY
CLEARWATER FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
**V
JOHN EVANGELATOS
3400 CUECAY DR.
CLEARWATER, FL 34620**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
PIERRATOS, GEORGE
14 SOUTH CORONA AVENUE
CLEARWATER FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
S

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
**T
ALEX GALITSATOS
121 DEVON DR.
CLEARWATER, FL 34615**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(b), 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 on an attachment with an address.

SIGNATURE: *George Pierratos* - **GEORGE PIERRATOS** **2-25-95** **449-9406**

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDS OFFICER OR DIRECTOR Date Daytime Phone #