	TICE: CORPORATION WILL BE						•			NOTICE OF
8 F	ROFIT	Ta .	FLORIDA DEPARTMENT OF STATE				FILED			Ū
	PORATION AND AND AND AND AND AND AND AND AND AN		Katherine Harris Secretary of State				99 OCT -6 PM 12: 53			
1999 DIVISION OF COF						ONS	SECRETARY OF STATE TALLAHASSEE, PLORIDA			
1. Corporation		-								
ONDEN	JEA WOILD LITERFING	EO, 1140.					 		H BIBH AIBH BIAN BIBH IABH	
Principal Place	e of Business	Mailin	g Address					## 88 # 810 # 8 #	II SHENI SHAM ONIK DULU NIN	
510 DODECANESE BLVD. TARPON SPRINGS FL 34689		510 DODECANESE BLVD. TARPON SPRINGS FL 34889					REINSTATE	YEN	ACE ACE	
							3. Date Incorporated or Qualified 04/17/1981			
	lace of Business		alling Address				4. FEI Number		Applied For	
Suite, Apt	#, etc.	26 St	uite, Apt. #, etc.				59-1793197 5, Certificate of Status Desired		Not Applicable \$8.75 Additional	
City & State	e	27 C	ty & State				Election Campaign Financing		\$5.00 May Be	
23		28	·	·, ··			Trust Fund Contribution		Added to Fees	
Zip 24	Country 25	29 Zij		30 Co	untry		 This corporation owes the current Intangible Personal Property. 	• —	res No	
	9. Name and Address of Curre	nt Register	ed Agent		81	Name	10. Name and Address of New R	egistered Ag	ent	
	ULIANOS, THEO				82	· · · · · · · · · · · · · · · · · · ·	es (P.O. Box Number is Not Acceptal	ole)		
) DODECANESE BLVD. RPON SPRINGS FL 34689				83					
					84	City			85 Zip Code	
				_.	1 "	City		- FL I	·	
11. Pursuant office or	to the provisions of sections 607.05 registered agent, or both, in the States for the collins of	02 and 607.1 e of Florida.	508, Florida Statut Such change was	es, the a authorize	bove ed by	named corporation	ation submits this statement for the punis board of directors. I hereby accept	pose of chang the appointm	ging its registered lent as registered	
SIGNATURE	- 1 [LLAN KO)	$\mathcal{M}_{\mathcal{A}}$	14/2-					1//	4/99	
12.	Signature, typed de printed name of registered ag OFFICERS A			OTE: Regis		gent signature requir	ad when reinstating) ADDITIONS/CHANGES TO OFF	DAFE ICERS AND I	DIRECTORS IN 12	3
TITLE	P POLITICAL TUES		DELETE		ITLE				Change Addition	4 0
NAME STREET ADDRESS	KOULIANOS, THEO 510 DODECANESE BLVD.				JAME STREET	ADDRESS	200003	0127	'623 §	CRZE034 (5/99)
CITY-ST-ZIP	TARPON SPRINGS FL				TY-ST	-ZIP		/93~~∪11 50.00 /	055~-001 ****750.00 รี	Š
TITLE NAME	vs Koulianos, evelyn m		DELETE	2.1 7	TLE LAME			Ш	Change Addition	
STREET ADDRESS	510 DODECANESE BLVD.					ADDRESS				
CITY-ST-ZIP	TARPON SPRINGS FL		<u> </u>		ITY-ST	-ZIP				
TITLE NAME			DELETE	1	itle Iame				Change L. Addition	
STREET ADDRESS				3.3 \$	TREET	ADDRESS				
CITY-ST-ZIP TITLE			DELETE		ITLE	-ZIP			Change Addition	
NAME			DELETE		LAME			ب	Change Addition	
STREET ADDRESS						ADDRESS			İ	
CITY-ST-ZiP TiTLE			DELETE		TTY-ST	-ZIP	<u>,</u>		Change Addition	
NAME					MME				Change Addition	
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP TITLE			DELETE	5.4 C 8.1 T	HTY-ST	-ZIP			Change Addition	
NAME					IAME			_	Change Zoolash	
STREET ADDRESS						ADORESS		M		
14. I hereby ce	ertify that the information supplied with	h this filing d	oes not qualify for		ption		on 119.07(3)(i), Florida Statutes. I furti	ner certify that	the information	
indicatéd o an officer o in Block 12	on this annual report or supplementa or director of the corporation or the r or Block 13 if changed, or on arta	l annual repo eceiver or in pichment wit	ort is true and accu stee empowered in h pan address.	urate and to execut	that e this	my signature s report as requ	on 119.07(3)(i), Florida Statutes. I furtishall have the same legal effect as if rulired by Chapter 607, Florida Statutes	nade under o and that my	ath; that I am name appears	
SIGNAT	URE: - 1 11	M	lla-	1 4)	911419	1 18	2509	
SIGNAI	SIGNATURE AND TYPED O	R PRINTED NAI	IE OF BIORING-OFFICE	R OR DIRE	TOR	***	Dete	Daytin	ne Phone #	