

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F32309** (9)

1. Corporation Name
GREEK BYZANTINE CUISINE, INC.



Principal Place of Business: 1102 MITCHELL AVE. #203 PORT ST. LUCIE FL 34952
Mailing Address: 1102 MITCHELL AVE. #203 PORT ST. LUCIE FL 34952

3. Date Incorporated or Qualified: **04/24/1981**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2186672**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 **1010 CLEARVIEW DRIVE**
22 Suite, Apt. #, etc.
23 **PORT CHARLOTTE FL**
24 Zip **33953** 25 Country
2a. Mailing Address: 26 **1010 CLEARVIEW DRIVE**
27 Suite, Apt. #, etc.
28 **PORT CHARLOTTE FL**
29 Zip **33953** 30 Country

9. Name and Address of Current Registered Agent: **COCALIDES, STEVE**
1102 MITCHELL AVE #203
PT ST LUCIE FL 34952
10. Name and Address of New Registered Agent:
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **1010 CLEARVIEW DRIVE**
83
84 City: **PORT CHARLOTTE** FL 85 Zip Code: **33953**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title (if applicable) NOTE: Registered Agent signature required when not stating

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COCALIDES, STEVE | 1.2 NAME | |
| STREET ADDRESS | 293 SW PT ST LUCIE BLVD | 1.3 STREET ADDRESS | 1010 CLEARVIEW DRIVE |
| CITY - ST - ZIP | PORT ST. LUCIE FL | 1.4 CITY - ST - ZIP | PORT CHARLOTTE FL 33953 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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)(k), 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.

SIGNATURE: *Steve Coccalides* STEVE COCALIDES 941-255-5322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)