

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

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**95 MAR -1 PM 2:25**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra E. Worham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # F45118 (9)**

**1. Corporation Name  
PALM SPRINGS PIZZA & RESTAURANT, INC.**

<b>Principal Place of Business</b> PALM SPRINGS SHOPPING CENTER 10TH AND CONGRESS PALM SPRINGS FL 33461	<b>Mailing Address</b> PALM SPRINGS SHOPPING CENTER 10TH AND CONGRESS PALM SPRINGS FL 33461
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DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified** 09/01/1981  
**3a. Date of Last Report** 03/22/1994

**4. FEI Number** 59-2118474  
**Applied For**  **Not Applicable**

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Election Campaign Financing**  **\$5.00 May Be Added to Fees**

**8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes**  Yes  No

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b> 3333 S. Congress Ave. Suite, Apt. #, etc.	<b>26</b> 3333 S. Congress Ave. Suite, Apt. #, etc.
<b>22</b> Palm Springs Plaza City & State	<b>27</b> Palm Springs Plaza City & State
<b>23</b> Palm Springs, FL Zip	<b>28</b> Palm Springs, FL Zip
<b>24</b> 33461 Country	<b>25</b> U.S.A. Country
<b>29</b> 33461 Country	<b>30</b> U.S.A. Country

**9. Name and Address of Current Registered Agent**

**PSOINOS, GEORGE D.  
1655 PALM BEACH LAKES BLVD.  
#106  
WEST PALM BEACH FL 33401**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b>	<b>S</b>	<b>1.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	HERMIONE, PROGRIS	<b>1.2 NAME</b>	DELETE
<b>STREET ADDRESS</b>	3441 BALTUSROL LANE	<b>1.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	LAKE WORTH FL	<b>1.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>V</b>	<b>2.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	PROGRIS, DEMETRIOS	<b>2.2 NAME</b>	DELETE
<b>STREET ADDRESS</b>	3441 BALTUSROL LANE	<b>2.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	LAKE WORTH FL	<b>2.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>P</b>	<b>3.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	HADGIGEORGE, STEFANOS	<b>3.2 NAME</b>	P/D Hadgigeorge, Stefanos
<b>STREET ADDRESS</b>	3460 S OCEAN BLVD	<b>3.3 STREET ADDRESS</b>	3460 S Ocean Blvd.
<b>CITY - ST - ZIP</b>	PALM BCH FL	<b>3.4 CITY - ST - ZIP</b>	Palm Beach FL
<b>TITLE</b>	<b>T</b>	<b>4.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	HADGIGEORGE, HELEN	<b>4.2 NAME</b>	S/T/D Hadgigeorge, Helen
<b>STREET ADDRESS</b>	3460 S OCEAN BLVD	<b>4.3 STREET ADDRESS</b>	3460 S. Ocean Blvd.
<b>CITY - ST - ZIP</b>	PALM BCH FL	<b>4.4 CITY - ST - ZIP</b>	Palm Beach, FL
<b>TITLE</b>		<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>5.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>6.4 CITY - ST - ZIP</b>	

**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 110.07(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:** *Stefanos Hadgigeorge* **2-23-95** **(407)964-3500**  
SIGNATURE AND TITLE OR PRINTED NAME OF FILING OFFICER OR DIRECTOR