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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F57777

(7)

TELLY'S INCORPORATED

FILED Mar 06 1997 8:00am Secretary of State

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- Principal Plac	e of Business	Mailing	Address				1 100 (104)50 0 103 5 108 6 160 100 1			010141001
% TILEMACHOS			ACHOS KOMNIN	0\$		÷				
7840 SEMINOLE SEMINOLE FL 3			VINOLE MALL Le fl 33772-4703	ł						
SEMINOLE PL S	HOVE 4700	QEMINOE	212 50/72 4/60	,			3. Date incorporated or Qualified 12/09/1981		e of Last F 9/1996	Report
2. Principal P	lace of Business	2a. Mai	ling Address			***************************************	4. FEI Number		A	pplied For
21		26					59-2142680		N	ot Applicable
Suite, Apt.	#, etc.	ļ	e, Apt. #, etc.				5. Certificate of Status Desired			Additional
City & Stat		[27]	& State				O Classica Casasia Simulata			lequired
23	G	28	o otate				Election Campaign Financing Trust Fund Contribution	П		May Be to Fees
Zφ	Country	Zip		Co	untry		8. This corporation has liability for i	- h		
24	25	29		30				Yes 🗀		
	9. Name and Address of Cur	rent Registered	J Agent		Ţ.,		10. Name and Address of New Re	gistered A	gent	
KOM	ININOS, TILEMACHOS				81	Name				
	SEMINOLE MALL				82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
SEMI	INOLE FL 33542									
					83					
					84	City			85 Zip	Code
					1			FL		
affice or t	registered agent, or both, in the St am famil ar with, and accept the ob	ate of Florida, Si	uch change was	s authorize	ad bu	the corporat	poration submits this statement for the p ion's board of directors. I hereby accep	the appo	intment as	registered
SIGNATURE										
	Signal ire, type dior poilled name of registered	agent and site it appli AND DIRECTOR				nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDC AND	DIPECTO	DC IN 10
12.	STD	AND DIRECTOR	DELETE	13.			ADDITIONS/CHANGES TO OFFIC		Change	Additio
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CITY+ST-ZIP	CLEARWATER, FL 00000				CITY-S					
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NAME	BOULIERIS, GEORGE				NAME					
STREET ADDRESS	2399 PARKSTREAM AVE									
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CHY - ST - ZIP	CLEARWATER, FL 00000			238	STREET					
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Ido hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.0/(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate at 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 his leport 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:

SIGNATURE AND TYPEN OF BRINTED NAME OF SIGNING PERIORS OR DIRECTO

/pd/n/nd

Daytime Prone