SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #

1. Corporation Name



F81912

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Aug 09, 1999 8:00 am Secretary of State

08-09-1999 90009 039 ***550.00

VOLOS IMPORT - EXPORT CORP.					1	
Principal Place	e of Business	Mailing Address				911 B;811 01011 81811 81811 8;811 1981
701 PARKLAND VENUE 701 PARKLAND VENUE						
CLEARWATER FL 34624 CLEARWATER FL 34624						ODAOF
					DO NOT WRITE IN TH	IIS SPACE
					3. Date Incorporated or Qualified 05/18/1982	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 - 26					~ ~ ~ 59- 2868102- ~ -	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current year	
24	25 29		30		Intangible Personal Property. Yes No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registere	ed Agent
TCA	MBIDAC ELIAC D		8	1 Name		
TSAMBIRAS, ELIAS P 701 PARKLAND AVENUE CLEARWATER FL 34624				82 Street Address (P.O. Box Number is Not Acceptable)		
				83		
	ARMATER PL 34024		8	3		
1			8	4 City		85 Zip Code
ļ				<u></u>		L S Zip Code
11. Pursuant	to the provisions of sections 607.05	502 and 607.1508, Florida Statute	es, the abov	re-named corporate	poration submits this statement for the purpose of ation's board of directors. I hereby accept the ap	changing its registered
office of agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obl	igations of, section 607.0505, Fit	orida Statut	es.	ation's board of directors. Thereby accept the app	Jon Invent as registered
SIGNATURE						
	Signature, typed or printed name of registered a			d Agent signature i	required when reinstating) DATE DATE DATE DATE DATE DESCRIPTION DESCRIPTION	
12.	OFFICERS AND DIRECTORS		13.			
TITLE	TOAMBIDAG E D	DELETE DELETE		i i		Change Addition
NAME	704 DADIVI AND ANCHEIF		1.2 NAM	_		
STREET ADDRESS 701 PARKLAND AVENUE				ET ADDRESS	222/4	
CITY-ST-ZIP	CLEARWATER FL 34624		1.4 CITY-		33764	
TITLE	TOANDIDAG EN		2.1 TITLE			Change Addition
NAME	TSAMBIRAS, EV		2.2 NAM			يهمسيند يران يعيوا الراب
STREET ADDRESS	701 PARKLAND AVE			ET ADDRESS	22016	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY		33764	
TITLE	Į.	DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAM	Ē		
STREET ADDRESS			3.3 STRE	ET ADDRESS		

6.4 CiTY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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.

3.4 CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP 6.1 TITLE

4.4 CITY-ST-ZIP

4 1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME



Change

Change Addition

Change Addition

Addition