FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # F9500006215 (6)

ALPRO ENTERPRISES C.C., INC.

| | | | | | <u> </u> | NNIII ARIEN NESIN IINAI 21001 NIII 1808 |
|---|--|---|---------------------|----------------------------------|--|---|
| Principal Place of Business Mailing Address | | | | | 1 1091103 1110 10701 05317 00331 00331 00331 | 8 8 111 9 8 11 8 11 8 11 8 11 1 1 1 1 1 |
| 3051 BRYAN LANE TARPON SPRINGS FL 34689 | | 3051 BRYAN LANE TARPON SPRINGS FL 34689-7339 | | | | |
| | | | | | 3. Date Incorporated or Qualified 12/21/1995 | 3a. Date of Last Report 04/30/1996 |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| 21 | | 26 | | 59-3362234 | 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 Zin | Country | 28 | | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Z _I p | Cour | ııry | 8. This corporation has liability for i | ntangible tax under s. 199.032, |
| 24 | 25 P. Name and Address of Currel | 29 nt Registered Agent | [30] | | Florida Statutes 10. Name and Address of New Re | |
| DA | NAOU, FRANTJESKOS A | | | B1 Name | To. Name and Addition of them the | giotorou Agont |
| | 51 BRYAN LANE | | | | | |
| | ARPON SPRINGS FL 34689 | | 1 | 82 Street Add | fress (P.O. Box Number is Not Acceptab | le) |
| • | WII 011 01 1111100 1 E 01005 | | - | 83 | | |
| | | | | | | |
| | | | | B4 City | | FL 85 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 | Signature, typed or printed name of registered age | eni eno tdic if applicable | NOTE: Registered | Agent signature requ | ired when reinstating) | DATE |
| 12. | | ID DIRECTORS | 19. | | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTORS IN 12 |
| TITLE | PCDS | DETEIF | 1,5 111(| .£ | | Change Addition |
| NAME | PANAOU, FRANTJESKOS A | | 1.2 NA | NE I | | |
| STREET ADDRESS | | | 1.3 STF | EET ADORESS | | |
| CITY-ST-ZIP | TARPON SPRINGS FL | | | Y-ST-ZIP | | |
| TITLE | VIDS | ☐ DELETE | 2.1 TITE | | | Change Addition |
| NAME | PANAOU, MARIA | | 2.2 NAI | | | |
| STREET ADDRESS | S 3051 BRYAN LANE TARPON SPRINGS FL | | | EET ADDRESS | | |
| CITY-ST-ZIP | IMPOR SPRINGS PL | Detrie | | Y-ST-ZIP | | |
| TITLE | | DELETE | 3.1 1110 | | | Change Addition |
| NAME | | | 3.2 NA) | 1 | | • |
| STREET ADDRESS | \$ | | | EET ADDRESS | | |
| CITY-ST-ZIP | | ☐ DELETE | | Y-ST-7IP | | Chance |
| TITLE | | □ MILLE | 4.1 101 | į į | | Change Addition |
| NAME CERTEX ADDRESS | | | 4 2 NA | i | | |
| STREET ADDRESS | * | | | TET ADDRESS | | |
| CITY-ST-ZIP TITLE | *** | DELETE | 4.4 CiT 5.1 TiTL | Y-ST-ZIP | | Change Addition |
| NAME | | | 5.1 IIIL 5.2 NAM | | | Ti ouenièe (Ti vegilleli) |
| STREET ADDRESS | c | | 1 | | | |
| | 3 | | | FET ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 6.1 TITE | Y-S1-ZIP | | Change Addition |
| NAME | | E PEET | 6.1 HIL | | | ET OHRHRE ET VIOLENT |
| STREET ADDRESS | 6 | | | | | |
| | 3 | | | FET ADDRESS | | |
| CITY-ST-ZIP | i e | | ■ 6.4 CiT | Y-S1-7IP | | |

I do 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 is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

FILED

May 13 1997 8:00am

Secretary of State