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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000006215 (6)

FILED
May 12 1998 8:00am
Secretary of State

ALPRO	ENTERPRISES C.C., INC.						
Principal Place	e of Business	Mailing Address			-{	//// 40 /4• 00//0 0 /// /	(
3051 BRYAN LANE 3051 BRYAN LANE TARPON SPRINGS FL 34689 TARPON SPRINGS FL 346			66 9		DO NOT WRITI	E IN THIS SPACE	E
					3. Date Incorporated or Qualified		
					12/21/1995		
2. Principal P	lace 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		3.75 Additional Fee Required
City & State	9	City & State			6. Election Campaign Financing	\$	5.00 May Be
23		28			Trust Fund Contribution		Added to Fees
Zip 24	Country Zip 29 30		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Agent	t
PAI	NAOU, FRANTJESKOS A		81	Vame			
3051 BRYAN LANE			B2 5	Stroot Addro	ss (P.O. Box Number is Not Accepta	blei	
TARPON SPRINGS FL 34689			"	oli eci nuui e	iss (F.O. DOX NOTION IS NOT Accepta	olo)	
···•	# 011 51 1#105 1 E 01005		83				
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			84 (City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the above-n	amed corpo	oration submits this statement for the on's board of directors. I hereby acce		iging its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida, Such change was a	authorized by th	e corporation	on's board of directors. I hereby acce	pt the appointm	ent as registered
1	in familia with and accept the con-	gations of Section 607.0505, Th	Onda Statoles.				
SIGNATURE	Signature, typed or printed harne of registered ac	perst and title if applicable. (NOT	E Registered Agent (ignature require	d when reinstating)	DATE	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS IN 12
TITLE	PCDS	☐ DELETE	1.1 TITLE				hange 🔲 Addition
HAME	PANAOU, FRANTJESKOS A		1.2 NAME				
STREET ADDRESS 3051 BRYAN LANE			1.3 STREET ADDRESS				
CITY-ST-ZIP	TARPON SPRINGS FL		1.4 CITY-ST-ZIP				
TITLE	VTDS DELETÉ 2		21 TITLE			C	hange Addition
NAME	PANAOU, MARIA		22 NAME				
STREET ADDRESS			2.3 STREET ADDRESS			4	
CHY-ST-ZIP	TARPON SPRINGS FL 2.		2. 4 CITY - ST -	ZIP		3 4.	
TITLE			3.1 TITLE			□ c	hange Addition
NAME			3.2 NAME	J			
STREET ADDRESS	i		3.3 STREET AD	DAESS			
CITY-ST-ZIP			3.4. CITY-ST-				
TITLE		DELETE	4.1 TITLE				hange Addition
NAME			4. 2 NAME	1			
STREET ADDRESS			4.3 STREET AD	DRESS			
CITY-ST-ZIP			4.4 CITY - ST - 2				
TITLE			5.1 TITLE	·		□ C	hange
NAME			5.2 NAME				-
STREET ADDRESS			5.3 STREET AD	DRESS			
CITY-ST-ZIP			5.4 CITY-S1-2				
TITLE		DELETE	6.1 TITLE			☐ CI	hange Addition

14. Thereby 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.

SIGNATURE: