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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000002571 (5)

1. Corporation Name

KONDOS MARINE SERVICES, LTD. CO.

Principal Place of Business

1261 MAIN ST
STAMFORD CT 06802

Mailing Address

1261 MAIN ST
STAMFORD CT 06802-4534



3. Date Incorporated or Qualified

05/22/1996

3a. Date of Last Report

4. FEI Number 08-1354821
NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

21 2550 EISENHOWER BLVD.

Suite, Apt. #, etc.

22 FORT LAUDERDALE

City & State

23 FL

Zip

24 33316

Country

2a. Mailing Address

26 P.O. BOX 165142

Suite, Apt. #, etc.

27 FORT LAUDERDALE

City & State

28 FL

Zip

29 33316

Country

30

9. Name and Address of Current Registered Agent

KONDOS, ZACHARIA
2550 EISENHOWER BLVD
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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 agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KONDOS, ZACHARIA

STREET ADDRESS 17 HARBOR RD

CITY - ST - ZIP DARIEN CT 06820

TITLE STD ☐ DELETE

NAME KONDOS, MOIRA

STREET ADDRESS 17 HARBOR RD

CITY - ST - ZIP DARIEN CT 06820

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME KONDOS, ZACHARIAS

1.3 STREET ADDRESS 433 COCONUT CIRCLE

1.4 CITY - ST - ZIP WESTON, FL 33326

2.1 TITLE STD ☒ Change ☐ Addition

2.2 NAME KONDOS, MOIRA

2.3 STREET ADDRESS 433 COCONUT CIRCLE

2.4 CITY - ST - ZIP WESTON, FL 33326

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97 954.5248383
Date Daytime Phone #

CR2E034 (9/96)