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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90008 027 ***150.00

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DOCUMENT # G10652

1. Corporation Name

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

AKIS SHELL SERVICE CORP. DOA deling Tourson

		1. The cice		rex			
Principal Place of Business Mailing Address							
2000 SHERIDAN STREET HOLLYWOOD FL 33020 288 AMSTERDAM AVE. COOPER CITY FL 33020					• .		
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					11/10/1982		
Principal Place of Business 2a. Mailing Address					4. FEI Number.	Ap	plied For
21 26					59-2234415	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional		
27				5. Certificate of Status Desired		quired	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	Intariore	⊠No
24	25	29 30	0		Personal Property Tax.	~ ·`	IZ NO
	9. Name and Address of Curren	t Registered Agent	- 04	T	10. Name and Address of New Registere	a Agent	
CADI	POAVIC AVIC		81	Name			
SARIDAKIS, AKIS			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
3288 AMSTERDAM AVE.							
COOPER CITY FL 33026			83		•		
			84	City		85 Zip (Code
						L	
office or r	to the provisions of Sections 607.050: registered agent, or both, in the State im familiar with, and accept the obligat	of Florida. Such change was auth	nonzed by	tne corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the statement for the purpose on's board of directors.	pointment as re	gistered
Ū						•	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: Re	egistered Ager	nt signature require	ad when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TITLE			Change	Addition
NAME	SARIDAKIS, AKIS		1.2 NAME				
STREET ADDRESS	3288 AMSTERDAM AVENUE		1.3 STREE	TADDRESS			
CITY-ST-ZIP	COOPER CITY FL 33026			T-ZIP			
TITLE	STD	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	SARIDAKIS, SOPHIA		22 NAME			4	
STREET ADDRESS	3288 AMSTERDAM AVENUE		2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			. Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3,4, CITY-8	ST-ZIP			
TITLE		☐ DELETE	4,1 TITLE			☐ Change	Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	ł			
TITLE		☐ DELETE	5.1 TITLE			[] Change	[] Addition

64 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, with all other like empowered.

5.2 NAME

61 TITLE

6.2 NAME

☐ DÉLETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Socidaris

Change

☐ Addition