

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H88453** (6)

1. Corporation Name

MICHAEL ANTONOPOULOS & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

**2051 ART MUSEUM DRIVE..#200
JACKSONVILLE FL 32207**

**2051 ART MUSEUM DRIVE..#200
JACKSONVILLE FL 32207**

2. Principal Place of Business

2a. Mailing Address

21 2021 Art Museum Drive

26 2021 Art Museum Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 200

27 Suite 200

City & State

City & State

23 Jacksonville, Fl.

28 Jacksonville, FL.

Zip

Zip

Country

Country

24 32207

25 Duval

29 32207

30 Duval

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/04/1985

3a. Date of Last Report

04/04/1995

4. FEI Number

59-2610326

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**ANTONOPOULOS, MICHAEL
13145 CRICKET COVE ROAD NORTH
JACKSONVILLE FL 32224**

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 (days 1-2)

(Note: Registered Agent Signature Required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **ANTONOPOULOS, MICHAEL**
STREET ADDRESS **13145 CRICKET COVE RD N**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **ST** ☐ DELETE

NAME **ANTONOPOULOS, SANDRA R.**
STREET ADDRESS **13145 CRICKET COVE RD N**
CITY-ST-ZIP **JACKSONVILLE FL**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Michael Antonopoulos, President

3/15/AC

(904) 396-5583

CR2E034 (12/95)