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May 02 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 # H94523 (8)  
1. Corporation Name  
KOSTAS OF NAPLES, INC.



Principal Place of Business Mailing Address  
4031 GULFSHORE BLVD., N. PH1E 4031 GULFSHORE BLVD., N. PH1E  
NAPLES FL 33940 NAPLES FL 34103-2605

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 34103 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
01/17/1986 04/01/1996  
4. FEI Number Applied For  
59-2623928 Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RIGAS, CONSTANTINE J.  
4031 GULFSHORE BLVD N PH1E  
NAPLES FL 33940

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	RIGAS, CHRISTOPHER C.	229 W. STATE STREET	WELLSVILLE NY	<input type="checkbox"/>
DS	RIGAS, RHEBA V.	4031 GULF SHR BLV N PH1E	NAPLES FL	<input type="checkbox"/>
D	RIGAS, JAMES R.	22 SMITH ST	GLENHEAD NY	<input type="checkbox"/>
D	PEASE, DIANA R.	35 N HIGHLAND AVE.	WELLSVILLE NY	<input type="checkbox"/>
D	RIGAS, JOHN C.	18 BEECHNUT TERRACE	ITHACA NY	<input type="checkbox"/>
D	CHIN, KATHERINE	375A HARVARD ST APT 10A	CAMBRIDGE MA	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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

CR2E034 (9/96)

Kostas of Naples, Inc.  
4031 Gulf Shore Blvd. N. PH1E  
Naples, FL 33940-2606

FEI # 59-2623928

ADDITIONAL OFFICERS & DIRECTORS

Title: D/P/T  
Name: Rigas, Constantine J.  
Street: 4031 Gulf Shore Blvd. N. PH1E  
City-St-Zip: Naples, FL 33940-2606