

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 01 1998 8:00am
Secretary of State

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



Principal Place of Business Mailing Address
4031 GULF SHORE BLVD., N. PH1E 4031 GULF SHORE BLVD., N. PH1E
NAPLES FL 34103 NAPLES FL 33940
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/17/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2623928	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RIGAS, CONSTANTINE J. 4031 GULF SHORE BLVD N PH1E NAPLES FL 33940				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code 34103			

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIGAS, CHRISTOPHER C.			1.2 NAME			
STREET ADDRESS	229 W. STATE STREET			1.3 STREET ADDRESS	132 N. Main Street		
CITY-ST-ZIP	WELLSVILLE NY			1.4 CITY-ST-ZIP	Wellsville, NY 14895	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	DS	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIGAS, RHEBA V.			2.2 NAME			
STREET ADDRESS	4031 GULF SHR BLV N PH1E			2.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIGAS, JAMES R.			3.2 NAME			
STREET ADDRESS	22 SMITH ST			3.3 STREET ADDRESS	3 Mulherrin Farm Road		
CITY-ST-ZIP	OLENHEAD NY			3.4 CITY-ST-ZIP	Hanover, NH 03755	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEASE, DIANA R.			4.2 NAME			
STREET ADDRESS	35 N HIGHLAND AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	WELLSVILLE NY			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIGAS, JOHN C.			5.2 NAME			
STREET ADDRESS	18 BEECHNUT TERRACE			5.3 STREET ADDRESS			
CITY-ST-ZIP	ITHACA NY			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHIN, KATHERINE			6.2 NAME			
STREET ADDRESS	375A HARVARD ST APT 10A			6.3 STREET ADDRESS	14 King Street		
CITY-ST-ZIP	CAMBRIDGE MA			6.4 CITY-ST-ZIP	Arlington, MA 02174		

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.

SIGNATURE *Constantine J. Rigas* 4/16/98 941-649-4637

CR2E034 (10/97)

KOSTAS OF NAPLES, INC.
4031 Gulf Shore Blvd N PH1E
Naples, FL 34103
(941) 649-4637
Fax: (941) 649-4636

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 34103