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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 06 1997 8:00am

Secretary of State

CR2E034

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H96033

(6)

DEMETRIOS ECONOMOU, P.A. Principal Place of Business Mailing Address % DEMETRIOS ECONOMOU **% DEMETRIOS ECONOMOU** 8152 WASHINGTON ST. 8152 WASHINGTON ST. PORT RICHEY FL 34668 PORT RICHEY FL 34668-6649 3. Date Incorporated or Qualified 3a. Date of Last Report 01/27/1986 02/02/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 21 59-2647426 Not Applicable 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 **Trust Fund Contribution** Added to Fees 28 Zip Country Country 8. This corporation has liability for intengible tax under s. 199.032, Yes 🔲 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ECONOMOU, DEMETRIOS 8152 WASHINGTON ST. 82 Street Address (P.O. Box Number is Not Acceptable) PORT RICHEY FL 34668 83 84 City 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, typed or primed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DELETE Change Addition TITLE 11 TITLE ECONOMOU. DEMETRIOS NAME 12 NAME 8152 WASHINGTON ST. STREET ADDRESS 1.3 STREET ADDRESS PORT RICHEY FL CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-\$T-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 52 NAME **53 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE 61 TITLE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZP on supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that poration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name that yellow or on an attractment with an address. 14. I do hereby certify that the infi information indicated on this

DAMESTRIOS GLONOMOJ 1/21/87 (813) 849-8545 SIGNATURE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

al report

I am an officer or director appears in Block 12 or B