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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # JOS 22.

1. Corporation Name

KONSTANTINOS /NC.

JOES 17Th STREET DINGR

Principal Place of Business

Mailing Address

1717 EISEN HOWER BLD

FT. Laudondale, Fla. 33316		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address	4-9- 86 4. FEI Number	Applied

ļ							1 7 9	}	
2.	Principal Place of Business	28	. Mailing Address			·	4. FEI Number		Applied For
21		26		_			59-266345		Not Applicable
22	Suite Apt #, etc	27	Suite, Apt #, etc.		-		5. Certificate of Status Desired		\$8.75 Additional Fee Required
23	City & State	28	City & State		_		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
24	Zip Country 25	29	Zip	Co 30	untry		8. This corporation has liability for in Florida Statutes	ntangible Yes [
9. Name and Address of Current Registered Agent					10. Name and Address of New Rec	Istered	Agent		
۲	KONSTANTINOS HALMOUKOS			81	Name				
15/ NO. ATLANTIC BLUD. # 17-C			82	Street Addres	ss (P.O. Box Number is Not Acceptabl	le)			
FT. LAudendale, Flq. 33304		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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATUR	to a robe hypedical partiest name of registered agent and light it applicable INOTE R	egistered Agent signature	e required when reinstaling) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
7-11-6	D. DELETE	11 TITLE	Change Addition
19/0/	KONSTANTINOS HALMOUKOS INTI NO. ATLANTIC BLND. # 17-C	1.2 NAME	
5/8/11 A/6/A 14/8/2	INTI NO. ATLANTIC BLUD. # 17-C	13 STREET ADDRESS	{
C(5) - S1 - 7(P)	FT. LAUDGRDAGE FI. 33304	1.4 CITY - \$1 - ZIP	
1.11.5	☐ DELETE	21 TITLE	Change Addition
NAME		2 ? NAME	
SUBSTITATION For Sec.		2.3 STREET ADDRESS	1
C 19 SE 76 ::		2 4 CHY-\$1-ZIP	
10. F	DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
S18H1 Ali; < 55.		3 3 STREET ADORESS	
601±-51 7/2		34 CITY-ST-ZIP	
11(1)	DELETE	41 THLE	Change Addition
NAM:		4 2 NAME	
SHELL CONTROL		4.3 STREET ADDRESS	
COY St. 20		4.4 CITY-ST-7IP	
TUTE	☐ DELETE	51 TITLE	Change Addition
NAME		52 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CTY SUZIE		54 CITY-ST-ZIP	
THE	☐ DELETE	6.1 TITLE	Change Addition
NAM:		. 62 NAME	600002137226 -04/09/9701003010
STREET CODES		6.3 STREET ADORESS	-04/03/3(01003010
	l e e e e e e e e e e e e e e e e e e e		***165_00

14. If no bereby 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 Lam an officer or pirector 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 or Block 13 or annual report or on an attachment with an address.

SIGNATURE

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FILED

Apr 08 1997 8:00am

Secretary of State