## 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

DOCUMENT # J83567

(4)

FILED Mar 03 1998 8:00am Secretary of State

1. Corporation	GREEK CORP.		(~)							
Principal Place of Business Mailing Address							A SAMELLE MEN FRANCE INTER MILLE AND THE	<b>8</b> 1 81831 <b>8</b> (8() 1	TEST BIBIT ESB	H B)PI) (BO)
1055 N. PINELLAS AVE TARPON SPRINGS FL 34689-3351 TARPON SPRINGS FL 34689							DO NOT WOIT	- 1.1 - 1.110 0	-DAOE	
							DO NOT WRITE	IN THIS S	PACE.	<del></del>
							3. Date Incorporated or Qualified 07/21/1987			
2. Principal Place of Business 2a. Mailing Add			ddress	988			4. FEI Number		I A	pplied For
21		26					59-2819319		<del>  </del>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional equired
City & State	9	City & State					6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country	Zip		Count	ry		8. This corporation owes or has pa	g-v-		_ •
24	25 29 30 30 Name and Address of Current Registered Agent		30			Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent			N₀	
	<del></del>	nt Hegistered Ager	11	8	1 Name		10. Name and Address of New He	egistereo A	.gent	
SAROUKOS, MARARET					rvanio					
	5 N PINELLAS AVE RPON SPRINGS FL 34689				2 Street	Addre	Address (P.O. Box Number is Not Acceptable)			
IAT	STON OFRINGS FL 34009				3					
				6	4 City			FL	85 Zip	Code
SIGNATURE .							ration submits this statement for the pn's board of directors. I hereby acce		changing it intment as	ts registered registered
<del>-,,</del>	Signature, typed or printed name of registered age		(NOTE		gent signatur	e required	when reinstating)	DATE		
TITLE	DPS OFFICERS AN	D DIRECTORS	DELETÉ	13.	<u> </u>		ADDITIONS/CHANGES TO OFFIC	JERS AND	Change	Addition
NAME	SAROUKOS, MARGARET				1.2 NAME			!	Onlings	- Abdullati
STREET ADDRESS	1055 N. PINELLAS AVE				et address					
CITY-ST-ZIP	TARPON SPRINGS FL.			1.4 CITY						
TITLE			DELETE	2.1 TITLE					Change	Addition
NAME				2.2 NAM	E					
STREET ADDRESS				2.3 STRE	et address					
CITY-ST-ZIP				2. 4 CITY	- ST - ZIP					
TITLE			DELETE	3.1 TITLE					Change	☐ Addition
NAME				3.2 NAM	=					
STREET ADDRESS				3.3 STRE	ET ADDRESS	İ				
CITY-ST-ZIP			DC+CTC	3.4. CITY		<del> </del>			105	4.4495
TITLE		Ц	DELETE	4.1 TITLE				·	Change	☐ Addition
NAME CTOSET ADDRESS				4. 2 NAM		}				
STREET ADDRESS					ET ADDRESS	ł				
CITY-ST-ZIP TITLE		T1	DELETE	4.4 CITY 5.1 TITLE					Change	Addition
NAME			<b>-</b>	5.2 NAM				•		
STREET ADDRESS					- et address					İ
CITY-ST-ZIP				5.4 CITY						
TITLE			DELETE	6.1 TITLE		<b>†</b>		1	Change	Addition
NAME				6.2 NAM	<u> </u>				-	]
STREET ADORESS				6.3 STRE	et address					Ì
CITY-ST-ZIP				6.4 CITY	ST-ZIP					
44 I horoby o	artify that the information symplical w	ith this filing doos o	ot qualify for	the even	ntion state	ed in C	action 110 07/2)(i) Florida Statutos I	further cor	ity that the	information

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 supplier pent 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 received 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, of on the state of the corporation and that my name appears in the state of the corporation of the corporation.

6/9/ 8/3-