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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

K10872 (5)**DOCUMENT #**

TAG'S ORIGINAL GYROS, INC.

| Principal Place of Business | |
|-------------------------------|--|
| % PETER TAGALAKIS | |
| 2328 \$ ATLANTIC AVE | |
| DAVIONA DEACH CHOREC EL 99440 | |

Mailing Address

% PETER TAGALAKIS 2328 S ATLANTIC AVE



| DAYTONA BEACH SHORES FL 32118 | | | DAYTONA BEACH SHORES FL 32118 | | 3. Date Incorporated or Qualified 3a. Date of Last 01/06/1988 03/21 | | , | |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------|------------------|--------------------------------------------------------------------------------------|-----------------------|--------------------------------------|--|
| 2. Principal Plac | - 111 1 A | 2a. Mailing Address | | | 4. FEI Number | | Applied For | |
| 21 7328 Suita Art # | S. Atlantic Ave. | | | | 59-2866031 | | Not Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, 22 | | | etc. | | 5. Certificate of Status Desired | | 75 Additional be Required | |
| City & Stale | en Beach Shores | City & State | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Added to Fe | | | |
| 71p 7 24 3211 | S Name and Address of Current | Zip 29 Pegistared Agent | Gounty 30 | <i>y</i> | | MNO Sub | s 199.032, S | |
| n w | 3. Hallo allo Aboless of Gallell | riegistered Agent | 81 | Name | 10. Name and Address of New R | egistered Agent | | |
| | AKIS, PETER ATLANTIC AVE | | 82 | 1 | ess (P.O. Box Number is Not Acceptab | le) | | |
| | NA BEACH SHORES FL 32118 | | 83 | | | | | |
| | | | 84 | - " | | - FL | Zıp Code | |
| or registerer familiar with | the provisions of Sections 607.0502 and agent, or both, in the State of Floridal, and accept the obligations of, Section | a. Such change was authorize in 607.0505 Florida Statutes. | od by the corp | oration's boar | ation submits this statement for the pur d of directors. I hereby accept the appo | ontment as register | s registered office ed agent. Fam | |
| | gratiure, typed or printed name er registered agent a | nd tide if applicable. (NO | AGA44 Ic Registered Ayr | KIS | | 4-2-96 DATE | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFI | | | |
| TI*LF | P | ☐ DELETE | 1. 1 TIFLE | | | Chang | e 🔲 Addition | |
| NAME | TAGALAKIS, PETER | | 1.2 NAME | | | | | |
| STREET ADDRESS | 2328 S ATLANTIC AVE. | | 1.3 STREE | T ADDRESS | | | | |
| CilY-Sl-ZiP | DAYTONA BEACH SHORES, | | 14 C/TY - 3 | ST - ZIP | | | | |
| TITLE | | □ DELETE | 2 1 Tifue | | | Chang | je 🔲 Addition | |
| NAMÉ | | | 2.2 NAME | | | | | |
| STREET ADDRESS | | | 2.3 STREET | ADDRESS | | | | |
| CITY-S1-ZIP | | | 2 4 CITY - S | ST - 71P | | | | |
| TITLE | | ☐ DELETE | 3 1 TITLE | " | | ☐ Chang | e 🔲 Addition | |
| NAME | | | 3.2 NAME | | | | | |
| STREET ADDRESS | | | 3.3 STREE | T ADDRESS | | | | |
| CHTY+S1+ZIP | | | 3.4.0(1) - 9 | ST - ZIP | | | | |
| TITLE | | ☐ DELETE | 4 1 1111.6 | | | ☐ Chang | e 🔲 Addition | |
| NAME | | | 4 2 NAME | | | | | |
| STREET AUDRESS | | | 4.3 S1REE1 | ADURESS | | | | |
| City-St-ZiP | | | 4.4 CITY - 9 | S1 - ZIP | | | | |
| TITLE | | DELFTE | 5 1 TITLE | | | Change | e Addition | |
| NAME . | | | 5.2 NAME | | | _ , | - | |
| STREET ADDRESS | | in the second second | 53 STREET | ADDRESS | 9 | | | |
| CITY-ST-7IF | | | 5.4 CITY - 9 | | , | | | |
| TILE | | DELETE | 6 1 TIGLE | ,1-617 | | Change | e 🗍 Addition | |
| NAME | | <u> </u> | 6.2 NAME | | | | - 1 7000000 | |
| STREET ADDRESS | | | 1 | Abbotics | | | | |
| | | | 63 STREET | | | | | |
| 14. Ldo bereby | cortify that the information europlical wi | th this filing is voluntarily fund | 64 Crity - S | e not confide to | or the exemption stated in Section 119.0 | 270VIA FIRST C: | | |
| certify that the oath; that I a | ne information indicated on this annua | Freport or supplemental annu ition or the receiver or trustee | ial report is tru : empowered : | Je and accurat | te and that my signature shall have the sereport as required by Chapter 607, Flo | santo konul affunt ac | of made under | |

SIGNATURE:

PETER THEALAKIS Pres.