## **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 # K10872

(5)

TAG'S ORIGINAL GYROS, INC.

	F	FILED	)				
Mar	13	1997	8:00am				
Secretary of State							

Bringland Blood	of Pusicons	Mailina Address	·· <del>··</del> -					
Principal Place of Business  2328 & ATLANTIC AVE 2328 & ATLANTIC AVE DAYTONA BEACH SHORES FL 32118 US		Mailing Address  % Peter Tagalakis 2328 S Atlantic Ave Daytona Beach Shore	ES FL 32118-5	344	3. Date Incorporated or Qualified 3a. Date of Last Report			
					01/06/1988	04/05/1996		
	lace of Business	2a. Mailing Address			4, FEI Number	Applied For		
21	Д	26			59-2866031	Not Applicabl		
Suite, Apt.		Suite, Apt. #, etc.	··		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	7ip	Country		This corporation has liability for			
24	25	29	30		Florida Statutes	Yes 🗹 No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent		
TAG	ALAKIS, PETER		81	Name				
	S S ATLANTIC AVE		82	Street Addr	ess (P.O. Box Number is Not Acceptal	ole)		
DAYTONA BEACH SHORES FL 32118		118						
			83					
			84	City	1	B5 Zip Code		
					· · · · · · · · · · · · · · · · · · ·	FL   1		
agent. I a SIGNATURE	egistered agent, or both, in the statem familiar with, and accept the oblig	gations of, Section 607.0505, FI	lorida Statutes	S.	oration submits this statement for the pion's board of directors. I hereby acce	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE			Change Addilio		
NAME	TAGALAKIS, PETER		1.2 NAME					
STREET ADDRESS	2328 S ATLANTIC AVE.		1.3 STREET	ADDRESS				
CITY-ST-ZIP	DAYTONA BEACH SHORES,	DELETE	1.4 C/TY - S	1 - ZIP				
TITLE		L_J DELETE	21 TITLE	}		Change Additio		
NAME OXDOCZ ADDDEGO			2.2 NAME	4000000				
STREET ADDRESS			23 STREET	1				
CITY-ST-ZIP TITLE		DELETE	2 4 CHY-5 3 1 THLE	51 - 219		Change Addition		
NAME			3.2 NAMI	1		El Outrillo El Mantio		
			5 0 CIUCLI	ADDDLOG .				
CITY-ST-ZIP			3.4. CITY-	S1-7IP				
TITLE		DELETE	4.1 TITL(			Change Addition		
NAME		•	4. 2 NAMI			•		
STREET ADDRESS			43 STREET	ADDRESS				
CITY-ST-ZIP			4.4 C/TY - S	S1 - ZIP	:			
TITLE NAME		□ DELETE	5.1 TITLE			Change Additio		
			5.2 NAME	- 1				
STREET ADDRESS			5.3 STREET	ADDRESS	(i - 1)			
CITY-ST-ZIP TITLE			5.4 CITY - S	1-7IP :				
NAME		LJ DELETE	6.1 TITLE	1	• .	Change Addition		
STREET ADDRESS			6.2 NAME					
CITY-ST-ZIP			6.3 STREET	1				
14 I do hereh	ov certify that the information committee	od with this files "	6.4 CITY-S					
am an of	n indicated on this annual report or licer or director of the corporation of a Block 12 or Block 13 if changed, o	If the receiver or tructoe empoy	uovo dilla acco	implion stated trate and that ute this repor	In Section 119.07(3)(i), Florida Statuto My'signature shall have the same lega thas required by Chapter 607, Florida S	s. I further certify that the at effect as if made under eath; the statutes; and that my name		

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PROFIT CORPORATION



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Sandra B. Mortham

INA	NUAL REPO 1997	ORT (	7.7	ocretary of Stat N OF CORPOR					
	JMENT :	# 800676 rs company	(9)					11 A1A11 A1A11 A1A11 A1A11 A1	A)) A)A)) NA)
Principal Pl	lace of Business		Mailing Address	·					
321 N CLAR			321 N CLARK ST.			Ì			
PO BOX 80	001 #25-3		P O BOX 9001 #25			İ			
OHICAGO IL	. 60604-8001		CHICAGO IL 60610	9/19		3.	Date Incorporated or Qualified	3a. Date of Las	Report
							11/27/1914	06/21/1996	
	1 Place of Busine	DSS .	2a. Mailing Addres	is.		4.	FEI Number <b>36-1655315</b>	<b>├</b>	Applied For Not Applicable
Sulte A	pt. #, etc.		26 Suite, Apt. #, c	to.					5 Additional
22	·		27			5.	Certificate of Status Desired	1 1	Required
City & S 23	tate		City & State	·			Election Campaign Financing Trust Fund Contribution	Adde Adde	0 May Bo d to Fees
Zip		Country 25	7(p	30 Co.	intry	В.	This corporation has liability fo Florida Statutes	intangible tax unde Yes [] No	r s. 199.032,
24)		and Address of Curren		130)		10.	Name and Address of New R		
	T CORPORATI				81 Name	1			- 1
1200 S. PINE ISLAND ROAD PLANTATION FL 33324			82 Street Add 83 84 City			Address (F	P.O. Box Number is Not Accepta		p Code
11, Pursua office o	int to the provision or registered ago I am familiar with	ons of Sections 607.050; ont, or both, in the State h, and accept the obliga	2 and 607.1508, Florida of Florida. Such chang ations of, Section 607.0	Statutes, the a was authorize 505, Florida Sta	bove-named of by the corp	corporatio oration's I	in submits this statement for the board of directors. I hereby acco	FL	`
SIGNATUR	Signature turned o	or printed name of registered age	se audithait annis Alda	(NOTE: Registers	d Agent signature	required wher	a rejectation)	DA1F	
12.	Organization typico c	OFFICERS AND		13.	a rigent agricine		ADDITIONS/CHANGES TO OFF		ORS IN 12
TITLE	SD MOVALNE	V HERIED A	DELI			see	attached	Chang	ORS IN 12 e Addition
NAME STREET ADDRES		Y, LUTHER C ARK ST		1.2 N	AME IRECT ADDRESS				ĺ
CITY-ST-ZIP	CHICAGO			<b>■</b>	1Y+\$1-7(P				
TITLE	AS		DEL					Chang	e 🔲 Addition
NAME	LAZ, MAR			22 N	- 1				
STREET ADDRES	SS 321 N CLI CHICAGO				REET ADDRESS			-	
CITY-ST-ZIP	PD	<u> </u>	☐ DE11		(1Y-S1-2IP TLF			Cháng	e Addition
NAME	MARINEAU	u, philip a		32 N	AME				
STREET ADDRES		ARK STREET		3.3 \$	TREET ADDRESS				1
CITY-ST-ZIP	CHICAGO	L	7 000		11Y-ST-ZIP			Chanc	e Addition
TITLE NAME	COOPER.	JANET K	D DEU	ETE 4.11 4.21	ſ			- Cuang	e Muniton
STREET ADDRES		ARK STREET			HELT ADDRESS				
CITY-ST-ZIP	CHICAGO				1Y-S1-7IP				
TITLE	C		Det:	TE 5.1 T	1LE			☐ Chang	e Addition
NAME		RG, WILLIAM D		: 5.2 N	·				
STREET ADDRES		ARK STREET			HEET ADDRESS				
CITY-ST-ZIP TITLE	CHICAGO	'IL			11Y-S1-ZIP				
TITLE			nr.	IF CAT	110			Chanc	e Addition
NAME			DELI					Chang	e 🔲 Addition
NAME STREET ADDRES	ss		ם סרנו	6.2 N	AM:	-		Chang	e 🔲 Addition
NAME STREET ADDRES	ss		DCL1	6.2 N 63 S				] Chang	e Addition

Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oat 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.