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 # K14933

(1)

KATSOULIS HOMES, INC.

FILED Apr 17 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Add	Iress				#	
35246 U.S. HIGHWAY 19. NORTH SUITE 247 PALM HARBOR FL 34684		35246 U.S. HIGHWAY 19. NORTH SUITE 247 PALM HARBOR FL 34684						
						DO NOT WRITE IN THIS SPACE		
		LUPH LIVIN	OH 12 94004			3. Date Incorporated or Qualified		
						02/15/1988		
2. Principal P	Place of Business	2a. Mailing	Address			4. FEI Number	Applied Fo	
21		26				59-2875651	Not Applica	able
Suite, Apt.	#, e tc.	Suite, Ar	ot. #, etc.			5. Certificate of Status Desired	\$8.75 Additiona	d
City & Stat	е	City & St	ate			6. Election Campaign Financing		
23		28				Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip		Country		8. This corporation owes or has pa		
24	25	29		10		Personal Property Tax due June		
	g, Name and Address of Curre	nt Registered Age	ent			10. Name and Address of New Re	gistered Agent	
	tsoulis, theodore N			81	Name			
	850 US HWY 19 N			82	Street Add	fress (P.O. Box Number is Not Acceptate	ole)	
	IT H 1121							
TAI	RPON SPRINGS FL 34689			83				
				84	City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607,1508, F	lorida Statutes	, the above	-named cor	poration submits this statement for the p	vences of changing its assistant	red
Office of r	egiste red agent, or both, in the State m fa miliar with, and accept the oblig	e of Fiorida. Such d	manoe was au	thorized by	the corpora	poration's board of directors. I hereby accep	of the appointment as registere	id
SIGNATURE	,	,						
O GIATIONE	Signature, typed or printed name of registered ag	ent and title if applicable	(NOTE: I	Registered Ager	nt signature requ	rred when reinstating)	DATE	
12.		ID DIRECTORS		13.	.,	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	DPS	L	DELETE	1.1 TITLE			Change Addi	ilion
NAME	KATSOULIS, THEODORE N			1.2 NAME				
STREET ADDRESS	39650 US HWY 19 N. UNIT 1	1121		1.3 STREET	ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS FL		DEL ETE	1.4 CITY - ST	- ZIP			
TITLE	V REIGHENOED DOVE	Ĺ	_ DELETE	2.1 TITLE			L Change L Addi	tion
NAME	BEISWENGER, ROY F			2.2 NAME	ľ			
STREET ADDRESS	3219 BLUFF BLVD HOLIDAY FL			2.3 STREET	- 1			
CITY-ST-ZIP TITUE	HOLIDAT FE		DELETE	2. 4 CITY- ST	T-ZIP	· · · · · · · · · · · · · · · · · · ·	: · · · · · · · · · · · · · · · · · · ·	
NAME		L.	JOCCCIE	3.1 TITLE	f		☐ Change ☐ Addi	lion
STREET ADDRESS				3.2 NAME	1000000			
CITY-\$T-ZIP				3.3 STREET A				
TITLE			DELETE	3.4. CITY - ST 4.1 TITLE	1-21r		Change Addit	tion
NAME		_		4. 2 NAME				1011
STREET ADDRESS				4.3 STREET A	MODRESS			ļ
CITY-ST-ZIP				4.4 CITY-ST				
TITLE			DELETÉ	5.1 TITLE	En		Change Addit	lion
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET A	address			
CITY-ST-ZIP				5.4 CITY-ST				Ì
TITLE			DELETE	6.1 TITLE			☐ Change ☐ Addit	tion
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET A	DDRESS			
CITY-ST-ZIP	>			6.4 CITY-ST	- ZiP			

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 supplemental annual report 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

The 12-1 Wt. 1

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1 9 1000 (00) 927111