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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jan 24 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K47519

(9)

STOLOS INC

									AINH INN
Principal Place of Business Mailing Address						- I ROBIOCHI DII 3001 BIOGO BIOGO BIOGO BIOGO BIOGO DIBIO BIOGO DIBIO BIOGO BIOGO BIOGO BIOGO BIOGO BIOGO BIOGO			
5330 GRAND B NEW PORT RIC	LVD. HEY FL 34852-4012	5330 Grand Blvd. New Port Richey FL 3	5330 GRAND BLVD. NEW PORT RICHEY FL 34652-4012						
						3. Date Incorporated or Qualified 11/21/1988		ate of Last R 26/1996	eport
2. Principal P	lace of Business	2a. Mailing Address	2a, Mailing Address			4. FEI Number	Applied For		
21		26			59-2916063	Not Applicable			
Suite, Apt	#, etc.	Suite, Apt. #, etc.	<del></del>			5. Certificate of Status Desired		\$8.75	
22		27						Fee Re	
City & State	e e	City & State				6. Election Campaign Financing		\$5.00	
<b>23</b> Zip	Country	<b>28</b> Zip	T	untry		Trust Fund Contribution			to Fees
24	25	<u> </u>	30	anti y		This corporation has liability for Florida Statutes		tax under s ∃No	. 199.032,
	9. Name and Address of Curr	29   ani Registered Agent	1301	Τ		10. Name and Address of New Re			
					Name				
TULUMARIS, ANTHONY C 2844 1ST AVE. NO.									
	PETERSBURG FL 33713				Street Add	ress (P.O. Box Number is Not Acceptat	ile)		
<b>VI.</b>	E LE LOS			83		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
				84	City		FL	<b>85</b> Zip (	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the a	bove	e-named cor	poration submits this statement for the p	urpose of	changing if	ts registered
office or r agent. La	egistered agent, or both, in the Sta m familiar with, and accept the ob	ite of Florida. Such change was ligations of, Section 607.0505. F	authorize Iorida Sta	id by tutes	r the corpora 3.	tion's board of directors. I hereby accept	ot the app	ointment as	registered
SIGNATURE									
0.0147110.12	Signature, type-dior printed name of registered		TE Register	d Age	ını signalure requ	ired when reinstating)	DATE		
12.	<del>,,                                 </del>	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
THTLE	PD	☐ DELETE	1.1 T					Change	Addition
NAME	PAPPAS, BILL			AME					
STREET ADDRESS	5330 GRAND BLVD.	•			ADDRESS				
CITY - ST - ZIP	NEW PORT RICHEY FL 3465	DELETE		ITY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·		Change	Addition
TITLE		□ pretest	2.1 1		ļ			L.J Change	LJ AGUNDII
NAME DEBET ADDRESS			2.2 1						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	311		ST-ZIP			Change	Addition
NAME		Land Delication		IAME				onungo	
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP					ST-ZIP				
TITLE		☐ DELETE	4.11					☐ Change	Addition
NAME			4.2	NAME		•			
STREET ADORESS			4.3 9	TREET	ADDRESS				
CITY-ST-ZIP			4.4 (	ITY-S	ST-ZIP				
TITLE		DELETE		ITLE				Change	Addition
NAME			5.2 1	IAME					
SIREE1 ADDRESS			5.3 9	TREET	ADDRESS				
CITY-ST-ZIP			5.4 0	ITY - S	ST-ZIP				
TITLE		☐ DELETE	6.1 7	ITLE				Change	Addition
NAME			6.21	IAME					
STREET ADORESS			6.3 9	TREET	ADDRESS				
CITY CT TO			1	יודע ר	7.70				

14. I do 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 12 or Block 13 if changed, or on an attachment with an address.