FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K55466** **(2)**

1. Corporation Name

PENTADACHTYLOS LAND CORPORATION

Principal Place of Business	Mailing Address
345 FINCHDENE SQUARE SCARBOROUGH. ONTARIO M1X 1B9 CANADA	345 FINCHDENE SQUARE SCARBOROUGH. ONTARIO M1X 1B9 CANADA

3. Date Incorporated or Qualified: **12/27/1988**
3a. Date of Last Report: **02/13/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0092001** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has Liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FISHER, LEIGH M.
4002 DEL PRADO BLVD.
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	SIOROVIGAS, JOHN		1 2 NAME	
STREET ADDRESS	9 DANMARY RD		1 3 STREET ADDRESS	
CITY-ST-ZIP	SCARBOROUGH, ONT, CAN		1 4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	SYGOUNAS, ANDREW		2 2 NAME	
STREET ADDRESS	345 FINCHDENE SQ		2 3 STREET ADDRESS	
CITY-ST-ZIP	SCARBOROUGH ON		2 4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	CHRISTOFILOPOULOS, E		3 2 NAME	
STREET ADDRESS	186 OCONNOR DR		3 3 STREET ADDRESS	
CITY-ST-ZIP	E YORK, ONT, CAN		3 4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME	VESKOUKIS, NICK		4 2 NAME	
STREET ADDRESS	351 BELAMY RD		4 3 STREET ADDRESS	
CITY-ST-ZIP	SCARBOROUGH, ONT, CAN		4 4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	HOSTELIDIS, IRAKLIS		5 2 NAME	
STREET ADDRESS	5 SHADY GOLF WAY #411		5 3 STREET ADDRESS	
CITY-ST-ZIP	DON MILLS, ONT, CAN		5 4 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			6 4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is valid, current and 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, added or deleted.

SIGNATURE: X _____ 6/3/96 (416) 4217166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

CHRISTOFILOPOULOS EVANGELOS (Secretary)