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**

(8)

FILED Apr 21 1997 8:00am Secretary of State

OCUMENT Corporation Name	# K60667
FILITSA SERVICE	STATION, INC.

Principal Place of Business Mailing Address ### FILITSA PERDIKIS ### FILITSA PERDIKIS #### STORY				······································				
				i,	3. Date Incorporated or Qualified 01/23/1989	3a. Date of Last F 04/22/1996	leport	
2. Principal 21	l Place of Business	26. Mailing Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4. FEI Number 65-0093249	} 	pplied For ot Applicable	
	pt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	T	Additional equired	
City & Si	tate	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00	May Be to Fees	
Zip 24	Country 25	Zip 29	Counti	У	8. This corporation has liability for in			
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Reg	platered Agent		
	ERDIKIS, FILITSA		8.	Name				
	3941 APPALACHIAN TR.		8:	Street Add	lress (P.O. Box Number is Not Acceptab	le)	**	
יט	AVIE FL 33325		8:	 				
1								
			B-	City		FL 85 2ip	Code	
l office of	or registered agont, or both, in the St Lam familiar with, and accopt the ob if	ate of Florida. Such change was a ligations of, Section 607.0505, Flo	authorized t	y the corpora	poration submits this statement for the pition's board of directors. I hereby accep	urpose of changing i it the appointment as	ts registered registered	
10	Signative Typen or protect name of registered	agent and little if applicable (NOTI AND DIRECTORS		gent signature requ	Ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDG AND DIRECTOR	20 IN 12	
12. INLE	D	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change	- Addition	
NAME STREET AUDRES	PERDIKIS, FILITSA 13941 APPALACHIAN TR. DAVIE FL	_	1.2 NAME	T ADDRESS		_ •		
CITY ST-ZIF		☐ DELETE	1.4 CITY- 2.1 TITLE	31-41		☐ Change	Addition	
NAM'E			2.2 NAME					
STREET ADDRES	\$5		2.3 STREE	T ADDRESS				
CHY-ST-ZIP	· · ·	The state of	2. 4 CITY	ST-ZIP				
HILE		☐ DELETE	3.1 TITLE 3.2 NAME			☐ Change	Addition	
NAME STREET ADDRES	56	,		T ADDRESS				
Crty - St - ZiP	~		3.4. CITY					
THLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAM	E	•			
STREET ADDRES	22			T ADDRESS				
CITY - ST - ZIP		☐ DELETE	4.4 CITY-			Change	Addition	
I TITLE		☐ OCCU	5.1 TITLE			L GHAINGE	☐ Vanigai	
NAME CIDELL ADDRES	00		5.2 NAME	T ADDRESS				
STREET ADDRES	3.)		5.3 STREE	ł				
TIFLE		DELETE	61 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADORES	SS			T ADDRESS				
COLY-SL-ME			64 C/TY					

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.

#TEQUIRED