

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K91601 (0)

1. Corporation Name
K.E. ZORBA, INC.



Principal Place of Business Mailing Address
\$ OLYMPUS RESTAURANT THE GARDENS MALL \$ OLYMPUS RESTAURANT THE GARDENS MALL
3101 PGA BLVD 3101 PGA BLVD
PALM BCH GARDENS FL 33410 PALM BCH GARDENS FL 33410

3. Date Incorporated or Qualified 05/30/1989 3a. Date of Last Report 11/27/1995

2. Principal Place of Business 2a. Mailing Address
21 3101 PGA Blvd. 26 3101 PGA Blvd.
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 65-0211430 Applied For Not Applicable

22 City & State 27 City & State
23 Palm Bch. Gardens, FL 28 Palm Bch. Gardens FL
24 Zip 33410 25 Country USA 29 Zip 33410 30 Country USA

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

10. Name and Address of New Registered Agent

CHRISTOPHER, KATENA
5430 JASON COURT
BOYNTON BEACH FL 33437

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
T	CHRISTOPHER WILLIAM	5430 JASON CT.	BOYNTON BCH., FL 33437	<input type="checkbox"/>
VPS	BOUMENOT ELAINE	5440 JASON CT.	BOYNTON BCH., FL 33437	<input type="checkbox"/>
D	CHRISTOPHER, NICHOLAS	5430 JASON CT.	BOYNTON BCH., FL 33437	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Christopher Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-3-96 407-736-6821

CR2E034 (12/95)