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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

% JAMES G. KAFANTARIS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L33671 XIOTIS, INC.

(3)

% JAMES G. KAFANTARIS

Mailing Address

FILED Jun 16 1997 8:00am Secretary of State



801 8. FEDERA HOLLYWOOD F		801 8. FEDERAL HIGHWAY HOLLYWOOD FL 33020-5437								
· · · · · · · · · · · · · · · · · · ·	S nil 306					3. Date incorporated or Qualified 11/30/1989		e of Last 0/1996	Report	
	lace of Business	2a. Mailing Address				4. FEI Number			pplied For	
21 5341 W. Ht an 1/2 11. 26 Same.						65-0158523		N	ot Applicable	
Suite, Apt.	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional required		
City & State	•	City & State				6. Election Campaign Financing		\$5.00) May Be	
23 7	33484	28				Trust Fund Contribution			to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation has liability for i			s. 199.032,	
24	25 Valy Deach	29]30]	,—.			Yes [
DAF	9. Name and Address of Current	Hegistered Agent		81	Namo	10. Name and Address of New Re	gistered A	gent		
iva nitinito, vnito o.					of Name					
1000 COLONY POINT CIRCLE					82 Street Address (P.O. Box Number is Not Acceptable)					
#303 DCM				83						
rcm	BROKE PINES FL 33028			ြီ						
				84	City			85 Zip	Code	
44 Diseases 4.2	to the provisions of Stations COT or co	and 007 1000 51-32 00	ot to the			propration submits this statement for the p	FL	1 1	ta	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change w	as authorize	đ by	r the corpo	ration's board of directors. Thereby accep	of the appo	intment a	s registered	
SIGNATURE			AND A							
12.	Signature, typed or printed name of registured agent OFFICERS AND		(NOTE Registere	a Age	nt Signature ru	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	DQ IM 12	
TITLE	P	DELETE	1,1 1	11 F		ADDITIONS/OF IANGES TO OFFICE		Change		
NAME	KAFANTARI, JAMES G		1.2 N				•			
STREET ADDRESS	2701 RIVERSIDE DRIVE APT 10	7			ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL				T-ZIP					
TITLE		DELETE	21 Ji		11.21			Change	Addition	
NAME		_	22 N		[,		-	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP					ST-ZIP					
TITLE		DELETE	3.1 TI					Change	Addition	
NAME			3.2 N	AME	ĺ					
STREET ADDRESS			3.3 S	REET	ADDRESS					
CITY-ST-ZIP			3.4. 0	(TY - 5	ST-ZIP					
TITLE		☐ DELETE	4.1 11					Change	Addition	
NAME ,			4.2 N	AME						
STREET ADDRESS			4.3 ST	ree1	ADDRESS					
CITY-ST-ZIP			4 4 C	1Y-S	1 - ZiP					
TITLE	-	☐ DELETE	5.1 TI	TLE.	[-		Change	Addition	
NAME			. 5.2 N	AME	ļ					
STREET ADDRESS			5.3 S	IREE 1	ADDRESS					
CITY-ST-ZIP			5.4 CI	1Y - S	1- <i>7</i> (P					
TITLE		☐ DELETE	6.1 T	TL€				Change	Addition	
NAME			6.2 Na	ME						
STREET ADDRESS			6.3 S	REET	ADDRESS					
CITY-ST-ZIP			6.4 0	TY-S	T-2 P					
information I am an of	n indicated on this annual report or su	ipplemental annual report tho receiver or trustee em	is true and a powered to a	accu	rrate and th	led in Section 119.07(3)(i), Florida Statuter hat my signature shall have the same lega port as required by Chapter 607, Florida S	l effect as	if made ui	nder oath; that	