Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

□ No

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L46194

Country

9. Name and Address of Current Registered Agent

25

126 NORTH STATE ROAD 7

ZALALAS; MICHAEL

1. Corporation Name

MOUNT ATHOS, INC.

Principal Place of Business
% MICHAEL ZALALAS
126 NORTH STATE ROAD 7
HOLLYWOOD FL 33021

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

% MICHAEL ZALALAS 126 NORTH STATE ROAD 7 HOLLYWOOD FL 33021

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90211 014 ***150.00



	DO NO	WRITEIN	1HIS SE	ACI
3.	Date Incorporated or Qu	alifed		

01/25/1990 4. FEI Number

65-0169324

Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

HOL	LYWOOD FL 33021		83	1-					
			L						
			84	Cit	į.	FL	85	Zip Co	de
office or r	to the provisions of Sections 607.0502 and 607.1508 egistered agent, or both, in the State of Florida. Such mamiliar with, and accept the obligations of, Section	n change was autho	orized by	r the c	ned corporation submits this state orporation's board of directors. I	ement for the purpose of o	hangi	ng its re as regi:	egistered stered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	e. (NOTE: Reg	istered Age	nt signa	ture required when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS	3	13.		ADDITIONS/CHAP	NGES TO OFFICERS AND	DIR	CTOR	S IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				Ch	ange	Addition
NAME	ZALALAS, MICHAEL		1.2 NAME						
STREET ADDRESS	126 NORTH STATE RD 7	1	1.3 STREE	TADDR	ESS				
CITY+ST-ZIP	HOLLYWOOD FL 3302		1.4 CITY-S	ST-ZIP			_		
TITLE	VSD	☐ DELETE	2.1 TITLE				Ch	ange	☐ Addition
NAME	ZALALAS, GEORGIA		2.2 NAME						Ì
STREET ADDRESS	126 NORTH STATE RD 7		2.3 STREE	TADDR	ESS				
CITY-ST-ZIP	HOLLYWOOD FL 33021	· · · · · · · · · · · · · · · · · · ·	2. 4 CITY-5	ST-ZIP	-				
TITLE		☐ DELETE	3.1 TITLE				Ch	ange	☐ Addition
NAME		-	3.2 NAME						
STREET ADDRESS			3.3 STREE	TADDR	ESS				
CITY-ST-ZIP	•		3.4. CITY-5	ST-ZIP			_		
TITLE	•	☐ DELETE	4.1 TITLE	-		-	☐ Ch	ange	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS	•		4.3 STREE	TADDR	ESS ·				
CITY-ST-ZIP	·		4.4 CITY-S	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				CH	ange	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	TADDR	ESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Ch	ange	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADOR	ESS				
CITY-ST-ZIP		1	6.4 CITY-S						
14. Lhereby c	certify that the information supplied with this filing doe	s not qualify for the	exempt	tion st	ated in Section 119.07(3)(i), Flor	ida Statutes. I further cert	fy that	the inf	ormation

Country

81

30

4. I hereby certify that the information supplied with this fling does not quality for the exemption stated in Section 119.07(5)(t), Florida Statutes. I intrins 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

954 962-771L