PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90258 027 ***150.00

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Principal Place	of Business	Mailing Address			f fåviskin ok bledt ikkan kunn desan inn a	(PL) MINIT ATOM DINIT	OTOTE OTOTE FAMI
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LAKE WORTH F		LAKE WORTH FL 33460-6	255				
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	•, •				3. Date Incorporated or Qualifed		ĺ
·		1 0 - Adollina Address			02/01/1990 4. FEI Number	TIA	pplied For
— ·	lace of Business	2a. Mailing Address			65-0183227	⊢ +–`	of Applicable
21	4	26 Suite, Apt. #, etc.					Additional
Suite, Apt. :	#, BIC.	27			5. Certificate of Status Desired		beniupe
City & State	9 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	City & State		_	8, Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year	r Intangible	
24 <u> </u>	25	29	30		Personal Property Tax.	Yes	□No
···	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Register	red Agent	
				81 Name			
	STOLOPOULOS, NICHOLAS			82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
	N DIXIE HWY			0	,		
	E WORTH FL 33405			83]
LAKE							
LAKE	and the second second second			84 City		. 85 Zip	Code -
	to the provisions of Sections 607.050: egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statt of Florida. Such change was bons of, Section 607.0505, Fl	nes, the a authorized orida State	84 City bove-named co- by the corpora	proporation submits this statement for the purpose stion's board of directors. I hereby accept the ap	- L	code registered gistered
11. Pursuant I office or re agent. I ar SIGNATURE	Signature, typed or printed name of registered agent	it and title if applicable. (NOT	E; Registered	bove-named co- by the corpora utes.	ared when reinstating) DATE	e of changing its populatment as re	registered gistered
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I mereury certify that the information supplied with this range does not quality for the exemption stated in Section 119.07(3)(j.). Flonda Statutes. I furner 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, with all other like empowered.

SIGNATURE: _

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAID OFFICER OR DIRECTOR

Mch Apastolopaulos