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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L51847

(6)

FILED Jan 29 1998 8:00am Secretary of State

KORINTHOS, INC.					
					(A) (B) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B
Principal Plac	a of Rueinner	Mailing Address		{	
6281 POWERLINE ROAD 6281 POWERLINE ROAD FORT LAUDERDALE FL 33309-2017					
				DO NOT WRITE IN TI	HIS SPACE
Ì				3. Date Incorporated or Qualified	
				02/19/1990	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0188357	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27	·		Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	Zίρ	Country	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	<u>├</u>	Country	8. This corporation owes or has paid the	current year Intangible Yes No
24)	9. Name and Address of Curre	29 30	<u> </u>	Personal Property Tax due June 30. 10. Name and Address of New Registe	
М	JRDOCH, ROBERT E.		81 Name	10. (10.)	
	0 east broward Boulevari	n			
	RT LAUDERDALE FL 33394	,	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
10	THE CAUDENDALE IE 33384		83		
			84 City		B5 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statutes.	the above-named corp		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules.					
	m lamiar with, and accept the oblig	Janons 61, Section 607.0505, Fione	Ja Siaidies.		
SIGNATURE	Signature, typed or printed name of registered as	jint and title if applicable (NOTE F	logistered Agent signature requir	red when reinstating) DA	TE
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	TSALIAMANIS, PETE		1.2 NAME		
STREET ADDRESS	6281 POWERLINE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	tsakanikas, dimitrius	}	2.2 NAME		
STREET ADDRESS	6281 POWERLINE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY - ST - ZIP		
TITLE		☐ DELETE	31 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE	f	☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS		1	4.3 STREET ADDRESS		ļ
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETÉ	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP	1-1-1	
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS		,	6.3 STREET ADDRESS		ļ
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

4. I hereby certify that the information supplied with this filling 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 adachment with an address.

CICMATURE.