FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L74666** **(3)**

1. Corporation Name

NITSOPOULOS INVESTMENTS, INC.

Principal Place of Business	Mailing Address
2725 PARK DR. SUITE 3 CLEARWATER FL 34623-1036 US	2725 PARK DR. SUITE 3 SUITE 4 CLEARWATER FL 34623-1036 US

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	County	Zip	County
24	25	29	30

3. Date Incorporated or Qualified: **05/21/1990**
3a. Date of Last Report: **02/16/1995**
4. FEI Number: **59-3010619** [ ] Applied For [ ] Not Applicable
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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

FREE, E. LEBRON
PARK PROFESSIONAL CTR, STE 3
2725 PARK DRIVE
CLEARWATER FL 34623-1023

10. Name and Address of New Registered Agent

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 Section 607.0502 or 617.1930, 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

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	XXX [ ] DELETE	TITLE	D/P [X] Change [ ] Addition
NAME	NITSAPOULOS, SAM	NAME	Sam Nitsopoulos
STREET ADDRESS	XXXXXXXXXXXXXXXXXX	STREET ADDRESS	2971 Cielo Circle North
CITY-ST-ZIP	XXXXXXXXXX	CITY-ST-ZIP	Clearwater, FL 34619
TITLE	VP [X] DELETE	TITLE	[ ] Change [ ] Addition
NAME	NITSOPOULOS, ELENI	NAME	
STREET ADDRESS	XXXXXXXXXXXXXXXXXX	STREET ADDRESS	
CITY-ST-ZIP	XXXXXXXXXX	CITY-ST-ZIP	
TITLE	XX [ ] DELETE	TITLE	D/T [X] Change [ ] Addition
NAME	NITSOPOULOS, LOUIS	NAME	Louis Nitsopoulos
STREET ADDRESS	XXXXXXXXXXXXXXXXXX	STREET ADDRESS	2971 Cielo Circle North
CITY-ST-ZIP	XXXXXXXXXX	CITY-ST-ZIP	Clearwater, FL 34619
TITLE	[ ] DELETE	TITLE	D/S [ ] Change [X] Addition
NAME		NAME	Chris Nitsopoulos
STREET ADDRESS		STREET ADDRESS	Bayshore Landings, Unit 102
CITY-ST-ZIP		CITY-ST-ZIP	150 Dunlop Street
			Barrie, Ontario, Canada L4M 6H1
TITLE	[ ] DELETE	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] DELETE	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is complete, accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 added to the report, with my address.

SIGNATURE: TREASURER DIRECTOR 03-27-96 789-4979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

LOUIS NITSOPOULOS

CR2E034 (12/95)