

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

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Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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
2725 PARK DR.
SUITE 3
CLEARWATER FL ~~34619~~
US 33763-1023

Mailing Address
2725 PARK DR. SUITE 3
SUITE 4
CLEARWATER FL ~~34619~~
US 33763-1023



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/21/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Country		59-3010619	
24 33763-1023		29 33763-1023		5. Certificate of Status Desired	
Country PINELANDS		Country PINELANDS		<input type="checkbox"/> \$8.75 Additional Fee Required	
33763-1023		30 PINELANDS		6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FREE, E. LEBRON PARK PROFESSIONAL CTR, STE 3 2725 PARK DRIVE CLEARWATER FL 34619 33763-1023		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	
		33763-1023	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	NITSOPOULOS, SAM	1.2 NAME	SAM NITSOPOULOS
STREET ADDRESS	2971 CIELO CIRCLE NORTH	1.3 STREET ADDRESS	2971 CIELO CIR. N.
CITY-ST-ZIP	CLEARWATER F 34619	1.4 CITY-ST-ZIP	CLEARWATER, FL 34619
TITLE	DS	2.1 TITLE	DS
NAME	NITSOPOULOS, CHRIS	2.2 NAME	CHRIS NITSOPOULOS
STREET ADDRESS	150 DUNLOP STREET	2.3 STREET ADDRESS	150 DUNLOP ST.
CITY-ST-ZIP	BARRIE ON 34961	2.4 CITY-ST-ZIP	BARRIE, ONT. 34961
TITLE	DT	3.1 TITLE	DT
NAME	NITSOPOULOS, LOUIS	3.2 NAME	LOUIS NITSOPOULOS
STREET ADDRESS	2971 CIELO CIRCLE NORTH	3.3 STREET ADDRESS	2971 CIELO CIR. N.
CITY-ST-ZIP	CLEARWATER FL 34619	3.4 CITY-ST-ZIP	CLEARWATER, FL 34619
TITLE		4.1 TITLE	D
NAME		4.2 NAME	ELENI NITSOPOULOS
STREET ADDRESS		4.3 STREET ADDRESS	2971 CIELO CIR. N.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CLEARWATER, FL 34619
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 attachment with an address.

SIGNATURE: _____ 2/5/98 (813) 222-2136

CR2E034 (10/97)