


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 13 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # N25920 (2) 1. Corporation Name PANCYPRIAN ASSOCIATION OF FLORIDA, INC. | | |
| Principal Place of Business 2140 DREW ST. CLEARWATER FL 34625 | Mailing Address 2140 DREW ST. CLEARWATER FL 34625-3218 | |



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|--------------------------------|------------|---------------------|------------------------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/14/1988 | 3a. Date of Last Report 02/21/1996 |
| 21 | 22 | | 4. FEI Number 59-2892691 | | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 City & State | | 27 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 Zip | 25 Country | 29 Zip | 30 Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|---|--|--|--|---|--|
| 9. Name and Address of Current Registered Agent CONSTANTINOU, DINO 2140 DREW ST., SUITE F CLEARWATER FL 34625 | | | | 10. Name and Address of New Registered Agent | |
| 81 Name | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | | | 84 City | |
| | | | | 85 Zip Code | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TARROU, JAMES | 1.2 NAME | |
| STREET ADDRESS | 2138 DREW ST 2140 Drew Str. Suite F | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL 34625 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CONSTANTINOU, DINO | 2.2 NAME | |
| STREET ADDRESS | 2140 DREW STREET 2140 DREW ST. SUITE F | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL 34625 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KATSOURIDES, COSTAS | 3.2 NAME | |
| STREET ADDRESS | 1320 GLENDALE DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DUNEDIN FL | 3.4 CITY-ST-ZIP | |
| TITLE | DT <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PIERRI, THELMA | 4.2 NAME | |
| STREET ADDRESS | 4928 MARLYN DR. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PISSOURIOS, LAKIS | 5.2 NAME | |
| STREET ADDRESS | 3916 LITTLE EGRET COURT | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LITZ FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAPACOSTANTINOU, COSTAS | 6.2 NAME | |
| STREET ADDRESS | 8417 N ARMENIA AVE, 73B | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James Tarrou **JAMES TARROU** 3/10/97 813-461-7019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0067765

CR2E037 (9/96)