FILE NOW: FILING FEE IS \$61.25

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SIGNATURE:

FILED NONPROFIT May 06 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # N25920 (2) PANCYPRIAN ASSOCIATION OF FLORIDA, INC. Principal Place of Business Mailing Address 2140 DREW ST. CLEARWATER FL 34625 2140 DREW ST. 3. Date incorporated or Qualified CLEARWATER FL 34625 04/14/1988 4. FEI Number Applied For 59-2892691 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 6. Certificate of Status Desired 21 Fee Required Suite, Apt. #, etc. Sulte, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CONSTANTINOU, DINO Street Address (P.O. Box Number is Not Acceptable) 82 2140 DREW ST., SUITE F **CLEARWATER FL 34825** 83 84 City 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 Signature, typed or printed name of registered agent and title if applicat (NOTE: Registered Agent signature re 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition TARROU, JAMES NAME 1.2 NAME 2140 DREW STREET, SUITE F STREET ADDRESS 1.3 STREET ADDRESS CLEARWATER FL CITY-ST-ZIP 1.4 City-St-ZiP DELETE Change TITE F 2.1 TITLE Addition CONSTANTINOU, DINO NAME 2.2 NAME 2140 DREW STREET., SUITE F STREET ADDRESS 2.3 STREET ADDRESS CLEARWATER FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE KATSOURIDES, COSTAS NAME 3.2 NAME 1320 GLENDALE DR STREET ADDRESS 3.3 STREET ADDRESS DUNEDIN FL CITY-ST-ZW 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE PIERRI, THELMA NAME 4.2 NAME 4928 MARLYN DR. 4.3 STREET ADDRESS STREET ADDRESS **NEW PORT RICHEY FL** CITY - ST - ZIP 4.4 CITY - ST-ZIP TITLE DELETE 5.1 TITLE Change ___ Addition PISSOURIOS, LAKIS 5.2 NAME STREET ADDRESS 3916 LITTLE EGRET COURT 5.3 STREET ADDRESS CITY-ST-ZW LITZ FL 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE PAPACOSTANTINOU, COSTAS NAME 62 NAME 8417 N ARMENIA AVE, 73B 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP 14. 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 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

4-27- 48