

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90155 027 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**

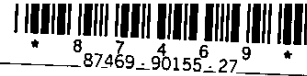


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N25920**

1. Corporation Name  
**PANCYPRIAN ASSOCIATION OF FLORIDA, INC.**

Principal Place of Business      Mailing Address  
 2140 DREW ST.                      2140 DREW ST.  
 CLEARWATER FL 34625              CLEARWATER FL 34625



21 Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/14/1988</b>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number <b>59-2892691</b>	
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip      25 Country		29 Zip      30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CONSTANTINOU, DINO 2140 DREW ST., SUITE F CLEARWATER FL 34625				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 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	2140 DREW STREET, SUITE F	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	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., SUITE F	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**      Date: *Febr. 8th, 99*      Daytime Phone #: *461-7019*

CR2E037 (11/98)