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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N25920

1. Corporation Name

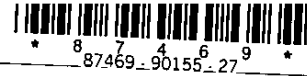
PANCYPRIAN ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

2140 DREW ST.
CLEARWATER FL 34625

Mailing Address

2140 DREW ST.
CLEARWATER FL 34625



87469-90155-27



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/14/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2892691

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP DELETE
NAME TARROU, JAMES
STREET ADDRESS 2140 DREW STREET, SUITE F
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME CONSTANTINOU, DINO
STREET ADDRESS 2140 DREW STREET., SUITE F
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME KATSOURIDES, COSTAS
STREET ADDRESS 1320 GLENDALE DR
CITY-ST-ZIP DUNEDIN FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DT DELETE
NAME PIERRI, THELMA
STREET ADDRESS 4928 MARLYN DR.
CITY-ST-ZIP NEW PORT RICHEY FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME PISSOURIOS, LAKIS
STREET ADDRESS 3916 LITTLE EGRET COURT
CITY-ST-ZIP LITZ FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME PAPACOSTANTINOU, COSTAS
STREET ADDRESS 8417 N ARMENIA AVE, 73B
CITY-ST-ZIP TAMPA FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Febr. 8th, 99 461-7019
Date Daytime Phone #

CR2E037 (11/98)