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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39088** (2)
1. Corporation Name

FLORIDA RESTAURANT PURCHASING GROUP, INC.



Principal Place of Business C/O G. ANTONIADES 2140 DREW ST. STE C CLEARWATER FL 34625 US	Mailing Address C/O G. ANTONIADES 2140 DREW ST. STE C CLEARWATER FL 34625 US
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3. Date Incorporated or Qualified 07/11/1990	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3031530	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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

**TINGIRIDES, STAVROS
800 N BELCHER RD
STE 4
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	
TITLE	DP <input type="checkbox"/> DELETE
NAME	HADJISTEFANOU, JOHN
STREET ADDRESS	6818 US HWY 19 NORTH
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	PAPPAS, GEORGE
STREET ADDRESS	617 CLEARWATER LARGO RD.
CITY-ST-ZIP	LARGO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KOSMAKOS, KOSMAS
STREET ADDRESS	9610 GULF BLVD
CITY-ST-ZIP	TREASURE ISLAND FL
TITLE	S <input type="checkbox"/> DELETE
NAME	ALOIZAKIS, TONI
STREET ADDRESS	305 CORONADO DR
CITY-ST-ZIP	CLEARWATER BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	THOMAS, DEMAS
STREET ADDRESS	1185 HERCULES AVE.
CITY-ST-ZIP	CLEARWATER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CONSTANTINOU, DINOS
STREET ADDRESS	2129 DREW ST.
CITY-ST-ZIP	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DIRECTOR, V. PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DEAN KONTROUNMANIS
3.3 STREET ADDRESS	38361 CR. 54 EAST
3.4 CITY-ST-ZIP	ZEPHYRHILLS FL 34248
4.1 TITLE	DIRECTOR, SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	PRESIDENT, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	TREASURER, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LOUIS KOKKINAKOS
6.3 STREET ADDRESS	2076 SEMINOLE BLVD
6.4 CITY-ST-ZIP	LARGO FL. 33774

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0053470

CR2E037 (10/97)