

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90163 004 ****61.25

DOCUMENT # N39088

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/11/1990

21

26

4. FEI Number

Applied For

59-3031530

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **HADJISTEFANOU, JOHN**
STREET ADDRESS **6818 US HWY 19 NORTH**
CITY-ST-ZIP **NEW PORT RICHEY FL**

1.1 TITLE **DT** ☐ Change ☒ Addition
1.2 NAME **KOKINAKOS LOUIS**
1.3 STREET ADDRESS **2076 SEMINOLE BLVD**
1.4 CITY-ST-ZIP **LARGO FL 33778**

TITLE **D** ☐ DELETE
NAME **PAPPAS, GEORGE**
STREET ADDRESS **617 CLEARWATER LARGO RD.**
CITY-ST-ZIP **LARGO FL**

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

TITLE **D** ☐ DELETE
NAME **KOSMAKOS, KOSMAS**
STREET ADDRESS **9610 GULF BLVD**
CITY-ST-ZIP **TREASURE ISLAND FL**

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

TITLE **DS** ☐ DELETE
NAME **ALOIZAKIS, TONI**
STREET ADDRESS **305 CORONADO DR**
CITY-ST-ZIP **CLEARWATER BCH FL**

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

TITLE **PD** ☐ DELETE
NAME **THOMAS, DEMAS**
STREET ADDRESS **1185 HERCULES AVE.**
CITY-ST-ZIP **CLEARWATER FL**

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

TITLE **D** ☐ DELETE
NAME **CONSTANTINO, DINOS**
STREET ADDRESS **2129 DREW ST.**
CITY-ST-ZIP **CLEARWATER 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 2/4/99

Date

Daytime Phone #

CR2E037 (11/98)