

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47919 (8)

1. Corporation Name

HELLENIC AMERICAN BOARD OF ENTREPRENEURS, INC.

N/C 12-26-95
SG.

HELLENIC AMERICAN CHAMBER OF COMMERCE

Principal Place of Business

Mailing Address OF TAMPA BAY, INC

~~H.A.B.E.~~ H.A.C.C.

~~H.A.B.E.~~ H.A.C.C.

2110 DREW STREET
CLEARWATER FL 34625

~~2110 DREW STREET~~ P.O. Box 995
CLEARWATER FL 34625 34617



3. Date Incorporated or Qualified
03/16/1992

3a. Date of Last Report
08/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3116622

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KANTARAS, K. DEAN
2725 PARK DR.
SUITE 3
CLEARWATER FL 34623

81 Name MICHAEL ALEXANDROU

82 Street Address (P.O. Box Number is Not Acceptable)
2890 REGENCY CT

83 CLEARWATER

84 City FL 85 Zip Code 34619

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]

MICHAEL ALEXANDROU 04/01/96

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

(NOTE: Registered Agent signature required when relistening)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME KANTARAS, K. DEAN
STREET ADDRESS 2725 PARK DRIVE, STE 3
CITY-ST-ZIP CLEARWATER FL 34623 ☒ DELETE

1.1 TITLE DP
1.2 NAME ALEXANDROU, MICHAEL
1.3 STREET ADDRESS 2890 REGENCY CT
1.4 CITY-ST-ZIP CLEARWATER, FL 34619 ☒ Change ☐ Addition

TITLE ST
NAME KOSTAKIS, GEORGE
STREET ADDRESS 3273 SANDY RIDGE DR.
CITY-ST-ZIP CLEARWATER FL 34621 ☐ DELETE

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

TITLE SD
NAME KAMKUTIS, JOHN
STREET ADDRESS 2874 CHANCERY LANE
CITY-ST-ZIP CLEARWATER FL 34619 ☒ DELETE

3.1 TITLE SD
3.2 NAME KONSTANTINIDIS, GEORGE
3.3 STREET ADDRESS 820 WILLOW BRANCH
3.4 CITY-ST-ZIP CLEARWATER FL 34624 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 #

SG-410-96

CR2E037 (12/95)