FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

95 MAY -1 AM 11:28

TALLAHASSEE, FLORIDA

DOCUMENT # N48993 (2)

HOPE ADOPTION AGENCY, INC.

1564 DIXIE WAY
MELBOURNE FL 32935

1564 DIXIE WAY
MELBOURNE FL 32935

3. 05/15/1992
3a. 05/01/1994
4. 59-3122766

5. $8.75 Additional Fee Required
6. $5.00 May Be Added to Fees
7. $68.75 Supplemental Fee Not Required

9. Name and Address of Current Registered Agent

ANDERSON, J. PATRICK
930 S. HARBOR CITY BLVD.
SUITE 505
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

FL

12.

D
WINDLE, PATRICIA BAIRD
1564 DIXIE WAY
MELBOURNE FL

D
WINDLE, EDWARD W. JR.
1564 DIXIE WAY
MELBOURNE FL

D
TRENT, MICHELLE W.
381 SW BUSWELL
PORT ST. LUCIE FL

D
WOODRUFF, RUTH F.
1564 DIXIE WAY
MELBOURNE FL

D
BELTON, RICHARD
1564 DIXIE WAY
MELBOURNE FL

13.

800001515438
-06/16/95--01062--015
****330.00 ****130.00

DELETE THIS NAME

REMITTED ON MAY 1

14.

SIGNATURE: E. W. WINDLE 4/14/95 407 ...

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0004713

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE

DOCUMENT # [illegible]

1 Corporate Name
HELLENIC PELOPONISIANS ASSOCIATION OF FLORIDA INC

Principal Place of Business / Mailing Address
Hellenic Peloponisians Ass. of Florida
c/o EXPO RESTAURANT
1185 HERCULES NC
CLEARWATER, FL 34625

SAME

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified: 6-16-92	3a. Date of Last Report: 4-94
4. FEI Number: 59-3132113	Applied For / Not Applicable
5. Certificate of Status Desired [ ]	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ]	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [ ] No	

2 Principal Place of Business: 21 ___ 22 Suite, Apt. # etc. ___ 23 City & State ___ 24 Zip ___ 25 County ___
2a. Mailing Address: 26 ___ 27 Suite, Apt. # etc. ___ 28 City & State ___ 29 Zip ___ 30 County ___

9 Name and Address of Current Registered Agent
Angelo Leontaritis
518 Wayfarer Dr.
Tarpon Springs, Fl.
34689

10 Name and Address of New Registered Agent
81 Name: Thomas Demas
82 Street Address (P.O. Box Number is Not Acceptable): c/o Expo Restaurant
83 1185 Hercules Ave. No.
84 City: Clearwater Fl. **FL** 85 Zip Code: 34625

11 Pursuant to the provisions of sections 607.0502 and 617.0502, 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 the position.

SIGNATURE [signature]

12 OFFICERS AND DIRECTORS	
TITLE	THOMAS DEMAS D
NAME	c/o EXPO RESTAURANT
STREET ADDRESS	1185 HERCULES NC
CITY-ST-ZIP	CLEARWATER FL 34625
TITLE	ANGELO LEONTARITIS D
NAME	518 WAYFARER DR
STREET ADDRESS	TARPON SPRINGS, FL 34689
TITLE	EFFIE LAMPATHAKIS D
NAME	438 BRUCE AVE
STREET ADDRESS	CLEARWATER, FL 34630

13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS [ ] Change [ ] Addition

000001596410
-06/15/95--01035--016
****130.00 ****130.00

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 report or supplemental 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address.

SIGNATURE: [signature] 6/19/95 [illegible]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGELO LEONTARITIS