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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49369** (4)
1. Corporation Name
HELLENIC PELOPONISIANS ASSOCIATION OF FLORIDA IN C.



Principal Place of Business C/O EXPO RESTAURANT 1185 HERCULES AVE. N CLEARWATER FL 34625 US	Mailing Address C/O EXPO RESTAURANT 1185 HERCULES AVE. N CLEARWATER FL 34625-1019 US
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3. Date Incorporated or Qualified 06/11/1992	3a. Date of Last Report 06/19/1996
4. FEI Number 59-3132113	Applied For <input type="checkbox"/> Not Applicable
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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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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9. Name and Address of Current Registered Agent
**DEMAS, THOMAS
C/O EXPO RESTAURANT
1185 HERCULES AVE. N
CLEARWATER FL 34625**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	DEMAS, THOMAS A.
STREET ADDRESS	1185 HERCULES NO.
CITY-ST-ZIP	CLEARWATER FL 34625
TITLE	D <input type="checkbox"/> DELETE
NAME	LEOUTARITIS, ANGELO
STREET ADDRESS	518 WAYFARER DR.
CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	D <input type="checkbox"/> DELETE
NAME	LAMPATHAKIS, OFFICE
STREET ADDRESS	988 BRUCE AVE.
CITY-ST-ZIP	CLEARWATER BCH. FL 34630
TITLE	D <input type="checkbox"/> DELETE
NAME	ANTON, NICK
STREET ADDRESS	13 BOOTH BLVD.
CITY-ST-ZIP	SAFETY HARBOR FL
TITLE	D <input type="checkbox"/> DELETE
NAME	TAGARAS, JOHN
STREET ADDRESS	2270 LANCASTER DR.
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  **THOMAS A. DEMAS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **4/30/97** Daytime Phone #: **(813) 461-4140**

CR2E037 (9/96)