

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 APR -4 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N93000005542 (6)

1. Corporation Name

ATHENIAN PEREOTON ASSOCIATION: ATTIKI, INC.

Principal Place of Business

Mailing Address

4090 S STATE ROAD #7
FT LAUDERDALE FL 33023

4090 S STATE ROAD #7
FT LAUDERDALE FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/13/1993

3a. Date of Last Report
04/18/1994

4. FEI Number

APPLIED FOR 65-0479030

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIRKLES, DEMETROIS C P
200 SW 6TH ST
STE 200
FT LAUDERDALE FL 33301

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
MICHALOS, PETER
4090 S STATE ROAD 7
FT LAUDERDALE FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Change Addition
400001454264
-04/12/95--01042--015
*****66.25 *****66.25

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP
KARAVASILIS, MARIA
4090 S STATE ROAD 7
FT LAUDERDALE FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

L
BEZIANIS, AFRODITI
4090 S STATE ROAD 7
FT LAUDERDALE FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
MELICHTS, ELIGENIA
4090 S STATE ROAD 7
FT LAUDERDALE FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change Addition
DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T
MICHALAKOS, ELETTHERIA
4090 S STATE ROAD 7
FT LAUDERDALE FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 110.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-22-1995 (305) 989-2848