

**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

RECEIVED  
96 MAY 15 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
800001899818  
-07/19/96--01082--017  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

DOCUMENT # N93 000005542  
1. Corporation Name  
**ATHENIAN - PEREOTON ASSOCIATION  
ATTIKI INC.**

Principal Place of Business Mailing Address  
**4090 S. STATE Road 7  
MIRAMAR FLA 33023**

3. Date Incorporated or Qualified	3a. Date of Last Report
4. FEI Number <b>X 65-0479030</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**PETER MICHALOS  
5100 POLK STREET  
HOLLYWOOD FLA 33021**

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

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 **PETER MICHALOS** (NOTE: Registered Agent signature required when reinstating) DATE **03-09-96**

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE <b>President</b>	<input type="checkbox"/> DELETE	TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Peter MICHALOS</b>		12 NAME <b>PETER MICHALOS</b>	
STREET ADDRESS <b>5100 POLK STREET</b>		13 STREET ADDRESS <b>5100 POLK ST</b>	
CITY-ST-ZIP <b>HOLLYWOOD FLA 33021</b>		14 CITY-ST-ZIP <b>HOLLYWOOD FL 33021</b>	
TITLE <b>VICE President</b>	<input type="checkbox"/> DELETE	21 TITLE <b>4917 N.W. 49 CT.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MARIA KARAVASILI</b>		22 NAME <b>COCONUT CREEK</b>	
STREET ADDRESS <b>4917 NW 49TH CT.</b>		23 STREET ADDRESS <b>FLA 33075 (305 429-9484)</b>	
CITY-ST-ZIP <b>C CREEK FL 33078</b>		24 CITY-ST-ZIP <b>2837 N.E</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>SECRETARY</b>	<input type="checkbox"/> DELETE	31 NAME <b>30th street Ft. Lauderdale</b>	
NAME <b>AFRODITI BENZIANI</b>		32 NAME <b>FLA 33306 TEL 305.563-8897</b>	
STREET ADDRESS <b>AFRODITI BENZIANI</b>		33 STREET ADDRESS <b>FLA 33306 TEL 305.563-8897</b>	
CITY-ST-ZIP <b>AFRODITI BENZIANI</b>		34 CITY-ST-ZIP <b>FLA 33306 TEL 305.563-8897</b>	
TITLE <b>TREASURY</b>	<input type="checkbox"/> DELETE	41 NAME <b>HELLEN KANELLPOPOULOS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HELLEN KANELLPOPOULOS</b>		42 NAME <b>3015 N. OCEAN BLVD.</b>	
STREET ADDRESS <b>HELLEN KANELLPOPOULOS</b>		43 STREET ADDRESS <b>Palm Beach, FL 33508</b>	
CITY-ST-ZIP <b>HELLEN KANELLPOPOULOS</b>		44 CITY-ST-ZIP <b>305-566-9418</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 unchanged, or on an attachment with an address.

SIGNATURE: **PETER MICHALOS** DATE: **03-12-96** 305-989-2848  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)