SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) FLORIDA DEPARTMENT OF STATE NONPROFIT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 N94000002730 (9) **DOCUMENT #** FLORIDA HELLENIC-AMERICAN CHAMBER OF COMMERCE, I Mailing Address Principal Place of Business 3738 MISSION COURT 3738 MISSION COURT LARGO FL 34641 LARGO FL 34641 3. Date Incorporated or Qualified 05/27/1994 3a. Date of Last Report 06/23/1995 Applied For 2a. Mailing Address 2. Principal Place of Business APPLIED FOR Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032, 23 Country Yes No Zφ Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (F.O. Box Number is Not Acceptable) PRINIOTAKIS, FOTINI 82 3738 MISSION COURT 83 **LARGO FL 34641** Zip Code 85 City 84 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) Signature, typed or printed name of registered agent and title if applicable (3/36) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS Addition Change 12. DELETE 1.1 TITLE TITLE **CR2E037** 1.2 NAME HALKIAS, GEORGE NAME 1724 PINE RIDGE WAY N APT 530 1.3 STREET ADDRESS STREET ADDRESS 14 CITY-ST-ZIP PALM HARBOR FL 34684 Addition CITY-ST-ZIP Change DELETE 21 TITLE TITLE 22 NAME TSOKOS, CHRIS P 2.3 STREET ADDRESS 10319 LAKE CARROLL WAY STREET ADDRESS 2 4 CITY-ST-ZIP **TAMPA FL 33618** Addition Change CITY - ST - ZIP DELETE 31 TITLE TITLE 32 NAME PRINIOTAKIS, FOTINI 3 3 STREET ADDRESS 3738 MISSION COURT STREET ADDRESS 34 CITY - ST - ZIP **LARGO FL 34641** \_\_\_\_ Addition Change CITY - ST - ZIP DELETE 4.1 THLE STD TITLE 4 2 NAME SOROLIS. EFFIE NAME 4.3 STREET ADDRESS 705 VANDERBAKER RD STREET ADDRESS 4.4 CITY - ST - ZIP TEMPLE TERRACE FL 33607 Change Addition CITY-ST-ZIP DELETE 51 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CITY - ST - ZIP Change DELETE 61 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 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 IND TYPED OF PAINTED NAME

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