


**FILED**  
**Aug 17, 1999 8:00 am**  
**Secretary of State**

08-17-1999 90013 019 \*\*\*\*75.00

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N95000002308</b>			
<b>1. Corporation Name</b> <b>MYTILENE ASSOCIATION OF FLORIDA "SAINT RAPHAEL", INC.</b>			
<b>Principal Place of Business</b> 3890 LAKE SHORE DR PALM HARBOR FL 34684		<b>Mailing Address</b> 350 FOREST PARK RD OLDSMAR FL 34677 US	

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 28 Suite, Apt. #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> 05/11/1995	
				<b>4. FEI Number</b> 59-3315457	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

<b>9. Name and Address of Current Registered Agent</b> SARANTOS, PETER 350 FOREST PARK RD OLDSMAR FL 34677				<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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.

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	
<b>12. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SARANTOS, PETE 350 FOREST PARK RD OLDSMAR FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARKOLAKIS, PETER 3437 DEVONSHIRE HOLIDAY FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLALOUSAKIS, PETER 3890 LAKE SHORE DR PALM HARBOR FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IRENE MARKOLAKIS 3437 DEVONSHIRE HOLIDAY FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	[Empty]
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	[Empty]
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D GLALOUSAKIS PETER 3890 LAKE SHORE DR PALM HARBOR FL 34684
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D IRENE MARKOLAKIS 3437 DEVONSHIRE HOLIDAY FL 34691
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	[Empty]
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	[Empty]

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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 PETER MARKOLAKIS 8/10/99  
 PETER MARKOLAKIS 8/2/99

CR2E037 (5/99)