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Feb 13, 1999 8:00am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005052

1. Corporation Name
AGIOS PANTELEIMON, INC., KALYMNIAN SOCIETY

Principal Place of Business 42 MORGAN STREET TARPON SPRINGS FL 34689	Mailing Address 42 MORGAN STREET TARPON SPRINGS FL 34689
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/08/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3471463
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SADORF, RICK W 2623 MCCORMICK DRIVE SUITE 105 CLEARWATER FL 33759	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
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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.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALAHOUZOS, CHRISTOSTOMOS		1.2 NAME	
STREET ADDRESS 1028 HAMILTON		1.3 STREET ADDRESS	
CITY-ST-ZIP TARPON SPRINGS FL 34689		1.4 CITY-ST-ZIP	
TITLE DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KLIMIS, JIM		2.2 NAME	
STREET ADDRESS 1313 BELCHER DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP TARPON SPRINGS FL 34689		2.4 CITY-ST-ZIP	
TITLE DS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POULLAS, MARIA		3.2 NAME	
STREET ADDRESS 909 PENINSULA DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP TARPON SPRINGS FL 34689		3.4 CITY-ST-ZIP	
TITLE DT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAROUKOS, MARGARET		4.2 NAME	
STREET ADDRESS 1288 HILLSIDE DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP TARPON SPRINGS FL 34689		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STILIANOS, IRENE		5.2 NAME	
STREET ADDRESS 314 BATH ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP TARPON SPRINGS FL 34689		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KALIKANTZAROS, IRENE		6.2 NAME	
STREET ADDRESS 3136 PINON DR.		6.3 STREET ADDRESS	
CITY-ST-ZIP TARPON SPRINGS FL 34689		6.4 CITY-ST-ZIP	

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 treasurer 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 as an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** 2/13/99 727-945-0348