## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

Mailing Address 1730 E. SUNRISE BLVD.

FT. LAUDERDALE FL 33304-3022

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 14 1997 8:00am

Secretary of State

Change

Change

Addition

Addition

Addition

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000008549 (6)

R. CON, INC.

Principal Place of Business

1730 E. SUNRISE BLVD. FT. LAUDERDALE FL 33304

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

HAME STREET ADDRESS FT LAUDERDAEL FL

					1		
					3. Date incorporated or Qualified 01/26/1993	<b>3a.</b> Date of Last Report <b>04/22/1996</b>	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied	d For
21		26			65-0463587	Not Ap	plicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			F. Carlling of Change Declared	\$8.75 Addit	ional
22		27			5. Certificate of Status Desired	Fee Require	ed
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 May	Be.
23		28			Trust Fund Contribution	☐ Added to Fe	
Zip	Country	Zıp	Co	ountry	8. This corporation has liability for i	nlangible tax under s. 199	1.032.
4	25	29	30			∡yes □ No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re-	gistered Agent	
NIK	OLAIDIS, PAULOS			81 Name			
1730 E SUNRISE BLVD				<b>100</b> 00 00 00 00 00 00 00 00 00 00 00 00	10.0 0	I-1	
FT LADUERDAEL FL 33304				82 Street Add	ress (P.O. Box Number is Not Acceptab	46)	
•••	E-POLITONEE I E GOOGT			83		<del></del>	
				84 City		FL 85 Zip Code	)
dd Dawn	1-46	20 1 007 4500 51 11 51-	4.1				
office or r	registered agent, or both, in the State	e of Florida Such change wa	ituies, the a is authoriz	anove-named corp ed by the corporat	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its regit of the appointment as regit	jistere stered
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505,	Florida St	atules.	,		
SIGNATURE							
	Signature, typed or printed name of registered ag	<del></del>		red Agent signature requi		DATE	
12.	OFFICERS AN	ID DIRECTORS	13.	·	ADDITIONS/CHANGES TO OFFIC		
TITLE	, -, ,	DELETE	1,1	1/ILE		☐ Change ☐	<b>J</b> Additio
NAME	CONDOS, LOUIS		1.2	NAME			
STREET ADDRESS	2200 N. ROOSEVELT BLVD.		1.3	STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040		1.4	CITY-ST-ZIP			
TITLE	VS	☐ DELETE	2.1	TITLE		Change	Additio
NAME	NIKOLAIDIS, PAVLOS		2.2	NAME			
STREET ADDRESS	2200 N. ROOSEVELT BLVD.		23	STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040	^	1	CITY-ST-ZIP			
TITLE	VP	<b>SAR</b> CIETE		THLE		Change	Additio
NAME	NIKOLAIDIS, OLGA	<i>[</i>	1	NAME		Em outside Fit	
	1321 CORDOVA RD			i			
TREET ADDRESS			■ 33	STREET ADDRESS			

64 CITY-ST-7IP CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the upper language is true and accurate and that my signature shall have the same legal effect as if made under oath; that he receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name on an autompent with an address. 14. I do hereby certify that the information supplied information indicated on this annual report of st fam an officer or director of the corporation appears in Block 12 or Block 13 if changes

3.3 STREET ADDRESS

4.3 \$TREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - S1 - ZIP

3.4. CHY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

DELFTÉ

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