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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000016251 (9)

ANN ES	STHER INN, INC.		7			
Principal Place of Business 229 CORONADO DRIVE CLEARWATER BEACH FL 34690		Mailing Address				- 48641601 TIO 18400 HINT BOUN BOUN BOUN BOUND HIND DIKE HIND DIKEN HIND HIND HIND HIND HIND HIND HIND HIN
		994 BAY ESPLANADE CLEARWATER FL 90009 US 35767				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
						02/26/1993
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For
Suite, Apt. #, etc.		26			· · · · · · · · · · · · · · · · · · ·	59-3178611 Not Applicable
Suile, Apt	#, €IG.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required
City & State	0	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip		untry	,	8. This corporation owes or has paid the current year Intangible
4	25	29	30			Personal Property Tax due June 30. 🗹 Yes 🗌 No
	g. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Registered Agent
	B SWANN AVENUE MPA FL 33806			83		dress (P.O. Box Number is Not Acceptable)
				84	City	FL 85 Zip Code
	to the provisions of Sections 607.05 ogistered agent, or both, in the Sta m familiar with, and accept the obli	502 and 607 1508, Florida Sta te of Florida Such change wi igations of, Section 607,0505	atutes, the a as authorize Florida Sta	above ad by dules	e-named corpora the corpora s.	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or posted name of registered a	great and title # applicable (NOTE Register	ed Age	ent a gnature requ	uired when reinstating) DATE
12.	OFFICERS A	ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1 1 2	ITLE		☐ Change ☐ Additio
NAME	athanasiou, Bill		131	IAME		
STREET ADDRESS	994 BAY ESPLANADE		135	TREET	ADDRESS	'
CITY+ST-ZIP	CLEARWATER BEACH FL		140	ITY-S	T-ZIP	
TITLE	DPS	☐ DELETE	217	ITLE	ļ	Change Additio
NAME	ATHANASIOU, JOANN		271	AME		
STREET ADDRESS	994 BAY ESPLANADE				ADDRESS	
CITY-ST-ZIP	CLEARWATER BEACH FL			CITY-S	ST-ZIP	
TITLE	D	DETEIF	וי 3		ŀ	☐ Change ☐ Additio
NAME	ATHANASIOU, GEORGE			AME		
STREET ADDRESS	1018 BAY ESPLANADE		1		ADDRESS	
CITY-ST-ZIP	CLEARWATER BCH FL	T per eve		CITY-S	ST-ZIP	TA T. 12200.
TITLE	D ATUANACIOU OLOA	DETELE	411			Change La Additio
NAME	ATHANASIOU, OLGA			NAME		
STREET ADORESS	1355 WILLIAMS DRIVE		435	TAEET	ADDRESS	

CITY-ST-ZIP 14. Thereby 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, an attachment with an address

4.4 C(TY-ST-ZIP

5.3 STREET ADDRESS

54 CITY-ST-ZIP

5 1 T-TLE

52 NAME

61 TITLE 6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

CLEARWATER FL

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

March 12/1998

Change

Change

Addition

Addition

FILED

Mar 19 1998 8:00am

Secretary of State