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Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000025435 (7)

1. Corporation Name

ARISTOS INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

22550 N US HWY 441
MICANOPY FL 32667
US

22550 N US HWY 441
MICANOPY FL 32667-9436
US

2. Principal Place of Business

2a. Mailing Address

21 22540 N. US Hwy 441

26 P.O. Box 51

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MICANOPY FL

28 MCINTOSH FL

Zip

Country

Zip

Country

24 32667

25 MARION

29 32664

30 MARION

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/02/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3184158

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

SOME AGENT

82 Street Address (P.O. Box Number is Not Acceptable)

22550 N US Hwy 441

83

84 City

MICANOPY

FL

85 Zip Code

32667

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when incorporating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE DPT
NAME ARVANITIS, JAMES G
STREET ADDRESS 22550 N US HWY 441
CITY-ST-ZIP MICANOPY FL

☐ DELETE

TITLE DVS
NAME MARKOPOULOS, ANDREW
STREET ADDRESS 3385 CHEVERLY CT
CITY-ST-ZIP ABINGDON MD

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 supplementary 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 registered agent or authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (9/96)