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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000025435

1. Corporation Name

ARISTOS INTERNATIONAL, INC.



Principal Place of Business

22540 N US HWY 441
MICANOPY FL 32667
US

Mailing Address

P.O BOX 51
MCINTOSH FL 32664
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1993

2. Principal Place of Business

21 8038 SE 12TH CT.

2a. Mailing Address

26 8038 SE 12TH CT.

4. FEI Number

59-3184158

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 OCALA FL

City & State

28 OCALA FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24 34480

Country

25 MARION

Zip

29 34480

Country

30 MARION

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

ARVANITIS, JAMES G
22550 N US HWY 441
MICANOPY FL 32667

10. Name and Address of New Registered Agent

81 Name

JAMES G. ARVANITIS

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

8038 SE 12TH CT

83

OCALA

84 City

OCALA

FL

85 Zip Code

34480

11. Pursuant to the provisions of Sections 607.0600 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, 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 provisions 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE DVS
NAME MARKOPOULOS, ANDREW
STREET ADDRESS 806 LANCASTER DR
CITY-ST-ZIP BELAIR MD

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DPT
JAMES ARVANITIS
8038 SE 12TH CT
OCALA FL 34480

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)