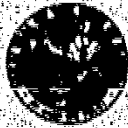


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS**

**APPROVED  
AND  
FILED**

**95 APR 18 PM 9:29**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P93000048188 (5)**

**1. Corporation Name  
MEL'S 4 INC.**

**Principal Place of Business  
18050-60 S. TAMAMI TRAIL  
FT. MYERS FL 33908**

**Mailing Address  
18050-60 S. TAMAMI TRAIL  
FT. MYERS FL 33908**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 07/02/1993**

**3a. Date of Last Report 09/01/1994**

**4. FEI Number  
65-0435275**

**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**

**7. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☒ Yes ☐ No**

**2. Principal Place of Business 2a. Mailing Address**

**21 3650 TAMAMI TR N**

**25**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**22 City & State  
23 NAPLES, FL**

**27 City & State**

**24 Zip 33940 25 Country COLLIER**

**29 Zip 30 Country**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**KARAKOSTA, CHRIST  
19050-60 TAMAMI TRAIL SOUTH  
FT. MYERS FL 33908**

**81 Name**

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

**83**

**84 City**

**FL**

**85 Zip Code**

**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 CHRIST KARAKOSTA**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-9-95**

**12. OFFICERS AND DIRECTORS**

**TITLE D  
NAME KARAKOSTA, CHRIST  
STREET ADDRESS 19050-60 S. TAMAMI TRAIL  
CITY - ST - ZIP FT. MYERS FL 33908**

**TITLE D  
NAME KARAKOSTA, DIMITRI  
STREET ADDRESS 19050-60 S. TAMAMI TRAIL  
CITY - ST - ZIP FT. MYERS FL 33908**

**TITLE D  
NAME KARAKOSTA, DIANE  
STREET ADDRESS 19050-60 S. TAMAMI TRAIL  
CITY - ST - ZIP FT. MYERS FL 33908**

**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 ☐ Change ☐ Addition**

**1.2 NAME**

**1.3 STREET ADDRESS**

**1.4 CITY - ST - ZIP**

**2.1 TITLE**

**2.2 NAME**

**2.3 STREET ADDRESS**

**2.4 CITY - ST - ZIP**

**KARAKOSTA, DIMITRI**

**3.1 TITLE**

**3.2 NAME**

**3.3 STREET ADDRESS**

**3.4 CITY - ST - ZIP**

**KARAKOSTA, DIANA**

**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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.**

**SIGNATURE: CHRIST KARAKOSTA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**810-267-6500**

Date

Telephone Number