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

CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P93000055917 (7) **DOCUMENT #** 

DADNIAGOOG	INTERNATIONAL	IMA
PARNASSUS	INTERNATIONAL.	INU.

Principal Place o	of Business	Mailing Address			*** #8*** #4** #*** #1**	.01 11911 1891 1891
12269 UNIVE ORLANDO FL		P. O. BOX 678087 ORLANDO FL 32867				
U\$		US		3. Date Incorporated or Qualified 08/10/1993	3a. Date of Last Re 07/11/19	
2. Princepal Plac	ne of Business	2a. Mailing Address		4. FEI Number	<b></b>	Applied For
21		26		59-3199749	<u></u>	Not Applicable
Suite, Apt. #. [22]	, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ Fee F	Additional Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	Added Added	0 May Be d to Fees
Ζφ. 1 - 1	Country	2ip	Country	8. This corporation has liability for		199.032,
24	[25]	29	30]	Florida Statutes Yes	S No	
}	y, Name and Address of	Current Registered Agent	81 Name	Tu. Name and Address of New	negistered Agent	
h ten uze	n n i Nimelion		<b>↓</b>		UTSOPOUL	دم
	L, R. LAWRENCE		82 Street Add	ress (P.O. Box Number is Not Accepta	ole) Blue	
	CANTON AVE.		83	2601 UNIVEZSII	7.043	
SUITE 1			55			
WINTER	PARK FL 32789		84 City	D12.100	FL 85 Zip	CO <sup>600</sup> C 2
44 (1)	#	67 0576 a 607 1509 Florida Ptat.	ter, the above parced parce	MACON Submits this statement for the pu	<u>• — </u>	32K11
Control distance	eliament, or both in the State.	of Florida, Such change was authori-	zed by the comoration's box	and of directors. I hereby accept the app	xointment as registered	agent. I am
familiar Witt	s, and accept the obtaintions of	of, Section 607.0585, Florida Statute	s.		- U C	4
SIGNATURE	isourio Appeter perovisioni of region	or Taxof aut the data cause.	OTE: Registered Agent signature regula	act vetters remetatated	TOATS TO COL	<b>مح</b> ــــــــــــــــــــــــــــــــــــ
12.	· · · · · · · · · · · · · · · · · · ·	RS AND DIRECTORS	I 13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	DRS IN 12 Addition
1 111	<b>D</b>	☐ DELETE	1 1 TITLE		☐ Change	Addition :
NOM	ILTSOPOULOS, NICH	OLAS P	1.2 NAME			
STREET ADDRESS	12269 UNIVERSITY BI		1.3 STREET ADDRESS			12
(oh 51 20)	ORLANDO FL 32817	<del></del> .	1.4 CITY - ST - ZIP			17
500		["] DELETE	2 1 TillsE		Change	Addition C
NAM.			2.2 NAME			
Stated Addresss			2.3 STREET ADDRESS			
(-h 5) Ze			2.4 C(TY+\$1-2)P			
Talif		[ ] DELETE	3 1 TITLE		[] Change	☐ Addition
NAM:			3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
Clr 5 22			3 4 CHY+ST+20P			
Trite		[] DELETE	4 1 TITLE		Change	Addition
NAM			4.2 NAME			
STBrET A IDRESS			4.3 STREET ADDRESS			
CENSE AP			4.4.0((Y+S1+Z)P			
107,4		[] DELETE	5 FTITLE		☐ Change	Addition
NAM:			5.2 NAME			
SHELLI ASURESS			5.3 STREET ADDRESS			
(2)Y+S1-ZH			5.4 CITY - ST - ZIP			
Tetts f		DELETE	6 1 TITLE		☐ Change	Addition
NAM!			6.2 NAME			
STREET ADDRESS			6.3 STHEET ADDRESS			
CUN S1 ZIE			6 4 CITY - ST - ZIP			
The second second	<ul> <li>In the second control of the se</li></ul>			A. Maria and Maria at the Carting of the	2 07/07/13 Ft- : d- Ot-4	14 41

I do hereby certify that the information supplied will, this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 outhit that I am an officer or director of the cooperation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** 



2.16,76 40.671.1760