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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000055917 (7)**

1. Corporation Name
PARNASSOS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
12269 UNIVERSITY BLVD. **ORLANDO FL 32817**	**P. O. BOX 678087** **ORLANDO FL 32867-8087** **US**

3. Date Incorporated or Qualified: **08/10/1993**	3a. Date of Last Report: **02/22/1996**
4. FEI Number: **59-3199749**	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 10509 Via De Sun	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Orlando FL	28 City & State
24 Zip: 32817 25 Country: USA	29 Zip 30 Country

9. Name and Address of Current Registered Agent

ILTSOPOULOS, NICHOLAS P.
12269 UNIVERSITY BLVD
ORLANDO FL 32877

10. Name and Address of New Registered Agent

81 Name: Nicholas P. Iltsopoulos
82 Street Address (P.O. Box Number is Not Acceptable): 10509 Via De Sun
83 Orlando, FL 3
84 City: **FL** 85 Zip Code: 32817

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: _____ Nick Iltsopoulos 4.30.97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	ILTSOPOULOS, NICHOLAS P		1.2 NAME	Nick Iltsopoulos	
STREET ADDRESS	12269 UNIVERSITY BLVD.		1.3 STREET ADDRESS	10509 Via De Sun	
CITY-ST-ZIP	ORLANDO FL 32817		1.4 CITY-ST-ZIP	Orlando, FL 32817	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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: _____ Nick Iltsopoulos 4.30.97 Nicholas P. Iltsopoulos