

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000064299 (9)**

1. Corporation Name

DRIS PROPERTIES, INC.

Principal Place of Business

**114 S. PINELLAS AVENUE
TARPON SPRINGS FL 34689**

Mailing Address

**P.O. BOX 458
TARPON SPRINGS FL 34689
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	29 North Pinellas Avenue	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	Tarpon Springs, FL	28	
Zip	Country	Zip	Country
24	34689	25	USA
29		30	

3. Date Incorporated or Qualified

09/15/1993

4. FEI Number

59-3206686

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**DRIS, MICHAEL S
3398 PINNACLE COURT S
PALM BEACH FL 34684**

10. Name and Address of New Registered Agent

81 Name

Michael E. Dris, Esq.

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

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

Michael E. Dris, Esq.

(NOTE: Registered Agent signature required when reinstating)

March 20, 1998

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRIS, MICHAEL E	1.2 NAME	
STREET ADDRESS	114 S. PINELLAS AVENUE	1.3 STREET ADDRESS	29 North Pinellas Avenue
CITY-ST-ZIP	TARPON SPRINGS FL 34689	1.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRIS, MILTON	2.2 NAME	
STREET ADDRESS	114 S. PINELLAS AVENUE	2.3 STREET ADDRESS	29 North Pinellas Avenue
CITY-ST-ZIP	TARPON SPRINGS FL 34689	2.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGETT, JAMES	3.2 NAME	
STREET ADDRESS	6802 WINDING BROOK DRIVE, #B	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Director
STREET ADDRESS		4.3 STREET ADDRESS	N. Michael Kousskoutis
CITY-ST-ZIP		4.4 CITY-ST-ZIP	29 North Pinellas Avenue
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE

Michael E. Dris, Director

(813) 943-8575

CR2E034 (10/97)