

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90146 015 \*\*\*150.00

DOCUMENT # P93000064299

1. Corporation Name  
DRIS PROPERTIES, INC.

Principal Place of Business  
29 NORTH PINELLAS AVE  
TARPON SPRINGS FL 34689  
US

Mailing Address  
P.O. BOX 458  
TARPON SPRINGS FL 34689  
US

DO NOT WRITE IN THIS SPACE

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 the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 2469 Enterprise Road

26 2469 Enterprise Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite B

27 Suite B

City & State

City & State

23 Clearwater, Florida

28 Clearwater, Florida

Zip

Country

Zip

Country

24 33763

25 U.S.A.

29 33763

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DRIS, MICHAEL ESQ  
3396 PINNACLE COURT S  
PALM BEACH FL 34684

81 Name

Michael E. Dris, Esq.

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

2469 Enterprise Road, Suite B

83

84 City

Clearwaterings.

FL

85 Zip Code

33763

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

Michael E. Dris, Esq.

3/1/99

DATE

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

(NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME DRIS, MICHAEL E  
STREET ADDRESS 29 NORTH PINELLAS AVE  
CITY-ST-ZIP TARPON SPRINGS FL 34689

1.1 TITLE ☐ Change ☐ Addition

NAME DRIS, MICHAEL E

STREET ADDRESS 29 NORTH PINELLAS AVE  
CITY-ST-ZIP TARPON SPRINGS FL 34689

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME DRIS, MILTON  
STREET ADDRESS 29 NORTH PINELLAS AV  
CITY-ST-ZIP TARPON SPRINGS FL 34689

2.1 TITLE ☐ Change ☐ Addition

NAME DRIS, MILTON

STREET ADDRESS 29 NORTH PINELLAS AV  
CITY-ST-ZIP TARPON SPRINGS FL 34689

22 NAME

23 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME AGETT, JAMES  
STREET ADDRESS 6602 WINDING BROOK DRIVE, #B  
CITY-ST-ZIP NEW PORT RICHEY FL

3.1 TITLE ☐ Change ☐ Addition

NAME AGETT, JAMES

STREET ADDRESS 6602 WINDING BROOK DRIVE, #B  
CITY-ST-ZIP NEW PORT RICHEY FL

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME KOUSKOUTIS, MICHAEL N  
STREET ADDRESS 29 NORTH PINELLAS AVE  
CITY-ST-ZIP TARPON SPRINGS FL 34689

4.1 TITLE ☐ Change ☐ Addition

NAME KOUSKOUTIS, MICHAEL N

STREET ADDRESS 29 NORTH PINELLAS AVE  
CITY-ST-ZIP TARPON SPRINGS FL 34689

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Michael E. Dris

3/1/99

(727) 943-8575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0902977