

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

FILED

May 06 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P93000070377(4)
1. Corporation Name
ROUSOULLIS-PAPPOU, INC

Principal Place of Business
820 W OAKLAND PARK BLVD
FT LAUDERDALE FL 33311

Mailing Address
820 W OAKLAND PARK BLVD
FT LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

| | | |
|--|---|---|
| 2. Principal Place of Business 21 3209 N.E 40 ST Suite, Apt. #, etc. 22 FT LAUDERDALE FL City & State 23 33308 Zip 24 USA | 2a. Mailing Address 26 3209 N.E 40 ST Suite, Apt. #, etc. 27 FT LAUDERDALE FL City & State 28 33308 Zip 29 USA | 3. Date Incorporated or Qualified 10/11/93 4. FFJ Number 65-0441650 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|---|

9. Name and Address of Current Registered Agent

PAPPOU CHRIST
820 WEST OAKLAND PARK BLVD
FT LAUDERDALE, FL
33311

10. Name and Address of New Registered Agent

81 Name PAPPOLU CHRIST
82 Street Address (P.O. Box Number is Not Acceptable)
3209 N.E 40 ST
83
84 City FT. LAUDERDALE FL 85 Zip Code 33308

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 is if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 1.2 NAME | P PAPPOLU CHRIST |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 3209 N.E 40 ST |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | FT. LAUDERDALE FL 33308 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | V.P. ROUSOULLIS CHRIS |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 3209 N.E 40 ST |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | FT LAUDERDALE FL 33308 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | SIT PAPPOLU ANDREA |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 3209 N.E 40 ST |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | FT LAUDERDALE FL 33308 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| 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:

CHRIST PAPPOLU

4/22/98 954-561-2518