SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG 10 PM 12:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000082856 (4)**

1. Corporation Name
8702 CORP.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
7315 US HWY 19 N PINELLAS PARK FL 34695	7315 US HWY 19 N PINELLAS PARK FL 34695

3. Date Incorporated or Qualified: **11/23/1993**
3a. Date of Last Report: **08/17/1994**

2. Principal Place of Business
21: 8702 W. Hillsborough Ave
22: Suite, Apt. #, etc.
23: City & State: Tampa FL
24: Zip: 33615 25: Country: USA

2a. Mailing Address
26: 8702 W. Hillsborough ave
27: Suite, Apt. #, etc.
28: City & State: Tampa, FL
29: Zip: 33615 30: Country: USA

4. FEI Number: **APPLIED FOR** 59-3241985 ☐ 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

9. Name and Address of Current Registered Agent

KESARIS, JOHN A
7315 US HWY 19 N
PINELLAS PARK FL 34695

10. Name and Address of New Registered Agent

91 Name: KESARIS, John A.
92 Street Address (P.O. Box Number is Not Acceptable): 8705 W. Hillsborough ave
93
94 City: Tampa **FL** 95 Zip Code: 33615

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	☐ Change ☐ Addition
NAME	KESARIS, JOHN A	1.2 NAME	
STREET ADDRESS	7702 NORTHAVEN PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34668	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	BRENNAN, MARK L	2.2 NAME	
STREET ADDRESS	801 83RD AVE N	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33702	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	KESARIS, EVANGELOS A	3.2 NAME	
STREET ADDRESS	64 OAK HILL RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRAINTREE MA 02184	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: John A. Kesaris John A. Kesaris 8/7/95 441-0607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0118148 CP