

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000001249 (9)**

1. Corporation Name

TSAKANIKAS GLOBAL TECHNOLOGIES, INC.



Principal Place of Business

**4800 N. W. 2ND AVENUE
THE PLAZA-SUITE 2
BOCA RATON FL 33431
US**

Mailing Address

**4800 N. W. 2ND AVENUE
THE PLAZA-SUITE 2
BOCA RATON FL 33431
US**

3. Date Incorporated or Qualified
01/06/1994

3a. Date of Last Report
01/18/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

65-0456588

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TSAKANIKAS, PETER J
4800 N. W. 2ND AVENUE
THE PLAZA SUITE 2
BOCA RATON FL 33431**

81 Name

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **VDS**
STREET ADDRESS **THOMAS, ROBERT L**
CITY - ST - ZIP **3008 N.W. 29TH AVE.
BOCA RATON FL 33434**

TITLE ☒ DELETE
NAME **VPSD**
STREET ADDRESS **JAMES, BETTY**
CITY - ST - ZIP **9107 GAITHERS ROAD-MEZZANINE LEVEL
GAITHERSBURG MD**

TITLE ☐ DELETE
NAME **PDT**
STREET ADDRESS **TSAKANIKAS, PETER J**
CITY - ST - ZIP **4800 N. W. 2ND AVENUE
BOCA RATON FL 33431**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition
1.1 TITLE
1.2 NAME **4800 BOCA RATON BLVD-SUITE 2**
1.3 STREET ADDRESS **BOCA RATON, FL 33431**
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER J. TSAKANIKAS 3/1/96 407 998 0060

Date

Daytime Phone #

CR2E034 (12/95)