

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000040872 (1)**

1. Corporation Name

**AEGEAN CAPITAL APPRECIATION, INC.**

Principal Place of Business

**1580 WALDORF DR NE  
PALM BAY FL 32905**

Mailing Address

**1580 WALDORF DR NE  
PALM BAY FL 32905**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**05/26/1994**

3a. Date of Last Report

4. FEI Number

**59-3243838**

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**

7. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MYER, TAM  
1496 HYACINTH AVE NE  
PALM BAY FL 32907**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 the if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  
NAME **FAKATSELIS, JOHN C**  
STREET ADDRESS **1580 WALDORF DR NE**  
CITY- ST- ZIP **PALM BAY FL 32905**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

Change  Addition

TITLE **D**  
NAME **MYER, CHRISTOPHER P**  
STREET ADDRESS **1496 HYACINTH AVE NE**  
CITY- ST- ZIP **PALM BAY FL 32907**

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

Change  Addition

TITLE **D**  
NAME **TRICAS, TIMOTHY C**  
STREET ADDRESS **180 MAR LEN DR**  
CITY- ST- ZIP **MELBOURNE BEACH FL 32951**

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

Change  Addition

TITLE **D**  
NAME **FAKATSELIS, GEORGE**  
STREET ADDRESS **8340 SKILLMAN ST #1102**  
CITY- ST- ZIP **DALLAS TX 75243**

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

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

Change  Addition

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 110.07(3)(b), 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 Fakatselis* (John Fakatselis) 04/26/95 (407) 729-3960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Office Phone #)