FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000074935 (5)**

1. Corporation Name
CONSTAS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
533 NORTHLAKE BLVD. #4 N PALM BEACH FL 33408	533 NORTHLAKE BLVD. #4 N PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/07/1994
3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | County (25) | Zip (29) | County (30)

4. FEI Number: 65-0521652 — 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

CONSTAS, SHIRLEY A
531 FEDERAL HWY
N PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name: (SAME) SHIRLEY A. CONSTAS
82 Street Address (P.O. Box Number is Not Acceptable): 533 NORTHLAKE BLVD., #4
83
84 City: NORTH PALM BCH — FL — 85 Zip Code: 33408

11. Pursuant to the provisions of Section 607.1547 and 607.1905, 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. The 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: Shirley A. Constas — 4/28/95
(Signature of new registered agent, if changed) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: D	11 TITLE: P ☒ Change ☐ Addition
12 NAME: CONSTAS, SHIRLEY A	12 NAME: CONSTAS, SHIRLEY A.
13 STREET ADDRESS: 531 FEDERAL HWY	13 STREET ADDRESS: 533 NORTHLAKE BLVD., #4
14 CITY ST ZIP: N PALM BEACH FL 33408	14 CITY ST ZIP: NORTH PALM BCH, FL 33408
21 TITLE	21 TITLE ☐ Change ☐ Addition
22 NAME	22 NAME
23 STREET ADDRESS	23 STREET ADDRESS
24 CITY ST ZIP	24 CITY ST ZIP
31 TITLE	31 TITLE ☐ Change ☐ Addition
32 NAME	32 NAME
33 STREET ADDRESS	33 STREET ADDRESS
34 CITY ST ZIP	34 CITY ST ZIP
41 TITLE	41 TITLE ☐ Change ☐ Addition
42 NAME	42 NAME
43 STREET ADDRESS	43 STREET ADDRESS
44 CITY ST ZIP	44 CITY ST ZIP
51 TITLE	51 TITLE ☐ Change ☐ Addition
52 NAME	52 NAME
53 STREET ADDRESS	53 STREET ADDRESS
54 CITY ST ZIP	54 CITY ST ZIP
61 TITLE	61 TITLE ☐ Change ☐ Addition
62 NAME	62 NAME
63 STREET ADDRESS	63 STREET ADDRESS
64 CITY ST ZIP	64 CITY ST ZIP

14. I/We hereby certify that the information supplied with this filing is true, accurate, complete 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 report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: Shirley A. Constas — SHIRLEY A. CONSTAS, PRESIDENT — 4/28/95 — 407-844-0733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0247552 CP