

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

FILED
Mar 24 1998 8:00am
Secretary of State

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

DOCUMENT # P94000077772 (9)

1. Corporation Name

SIMPLY GREEK PROMOTIONAL PRODUCTS, INC.

Principal Place of Business

Mailing Address

6832 HATTERAS DR.
LAKE WORTH FL 33467

6832 HATTERAS DR.
LAKE WORTH FL 33467

3878 PROSPECT AVE
STE 22

← SAME

WEST PALM BEACH, FL 33404

2. Principal Place of Business

2a. Mailing Address

21 3878 PROSPECT AVE

26 3878 PROSPECT AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 22

27 SUITE 22

City & State

City & State

23 WEST PALM BEACH, FL

28 WEST PALM BEACH, FL

Zip

Zip

33404

33404

Country

Country

USA

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARDS, NOEL V
6832 HATTERAS DR.
LAKE WORTH FL 33467

81 Name CHRISTOPHER EDDEN

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

2117 21ST LANE

83

84 City LAKE WORTH

FL

85 Zip Code

33403

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

CH Eden CHRISTOPHER EDDEN, VP

(NOTE: Registered Agent signature required when reinstating)

3/11/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
RICHARDS, WAYNE M
6832 HATTERAS DRIVE
LAKE WORTH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CHRISTOPHER EDDEN
2117 21ST LANE
LAKE WORTH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

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 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:

CH Eden

CHRISTOPHER EDDEN

3/11/98

Ed-433-3210

CR2E034 (10/97)