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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

. Corporation	MENT # P9400 S CORPORATION)0087501 (U)					
Principal Place	of Business	Mailing Address			1 (180)(188) (10 (18)) (18)) ED)(19)		II F UUS I WIIII U U	III III IIII IIIII IIII IIII IIII IIII IIII IIII IIII IIII IIIII IIIII IIII IIIII IIII IIII IIII IIII IIII IIII IIII IIII IIIII IIII IIII IIII IIII IIII IIII IIII IIII IIIII IIIII IIII IIII IIII IIII IIII IIII IIIII IIIII IIII IIIII IIIII IIIII IIIII IIII IIII IIII
5206 EAST FOWLER AVENUE STE. 321 5205 EAST FOWLER AVE				1				
TEMPLE TERR	ACE FL 33617	TEMPLE TERRACE FL	33617					
					 Date Incurporated or Qualifie 12/01/1994 		e of Last Rep 5/16/1995	
Dissinal Pla	ace of Business	2a. Muiling Address			4. FEI Number			pplied For
, епораста]	sije O Dobiness	26			59-3280298		N	ot Applicable
Suite, Apt #	r, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
27					A F. C. C. Sandan F. Angelon			May Be
City & State	!	Ony & State			6. Election Campaign Financing Trust Fund Contribution	' 🗆		to Fees
Zip	Country	Ζρ	Country	,	8. This corporation has liability	for intangible	ax under s	199.032.
J	25	29	30			Yes 🔽 No		
	9. Name and Address of Cur	rent Registered Agent		т	10. Name and Address of Ne	w Registered	Agent	
			81					
ANDRIOTIS, IOANNIS F			82	Street Add	ress (P.O. Box Number is Not Accep	otable)		
5205 EAST FOWLER AVENUE STE. 321 TEMPLE TERRACE FL 33617			83					
TEMPLE	TENNAUE PL 33017			ļ			85 Zip	Code
			84		oration submits this statement for the and of directors. Thereby accept the	F	_ ' '	
SIGNATURE: .	Signature hypertoconstanting and transfer OFFICERS	AND DIRECTORS	13.	ett som ut meller ike ike	ADDITIONS/CHANGES TO	DÁIF OFFICERS AN		
TLE	D	DELETE	1 1 T-TLF				☐ Change	Addition
IAME	ANDRIOTIS, IOANNIS F		1.2 NAME					
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name Street adoress				EL ADORESS				
City-St-Zip			4.4 CHY-					
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NAME				ET ADDRESS				
STREET ADDRESS			■ Laalne	COMPANS AT				

14. Too hereby certify that the information supplied with this fing 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 unnual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oally; that I am an officer or director of the corporation or the receiver or trusted 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 attaniment with an address

6.4 CITY - ST 7:2

SIGNATURE:

CITY-ST-ZiP

THE MO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR