SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000088464 (0)

Principal Place of Business Mailing Address  6025 15TH STREET EAST BRADENTON FL 34203  BRADENTON FL 34203  BRADENTON FL 34203										
BRADENTON	1 FL 34203		DENTON FL 34208				3. Date incorporated or Qualified	3a. Da	ate of Last	Report
2. Principal F	Place of Business	20 14	oil or Add				12/06/1994		/14/199	
21		26	ailing Address				4. FEI Number	1		Applied For
Suite, Apt	#, etc		ite, Apt. #, etc.				65-0549702			Not Applicat
City & Stat	ie	27 Cut	ly & State				5. Certificate of Status Desired			Additional Required
23	_	28	y d State				6. Election Campaign Financing		\$5.0	<b>0</b> May Be
Z(p	Country	Zır	)	Cou	intry		Trust Fund Contribution		Adde	d to Fees
24	25	29		30	.,		This corporation has liability for in Florida Statutes			s 199.032,
<del></del>	9. Name and Address of Cu	urrent Registere	d Agent			·	10. Name and Address of New Reg	Yes _	No	
MA	ALLIARAS, STAVROS				81	Name		JISTOTOG A	Sour	
580	03 1ST AVENUE, DRIVE NW	•			82 Street Add		Iress (P.O. Box Number is Not Acceptable)			
BR	ADENTON FL 34209				<u>.                                    </u>			⊕)		
					83				····	
				1	84	City			TT	
11. Pursuant t	to the provisions of Sections 607	0502 and 607 16	00 51-31-0	<u> </u>		··	ation submits this statement for the pur is board of directors. I hereby accept t	FL	1 1 '	Code
12.	Signature is ped or protect came of roy store OFFICERS	d agent and title if appl S AND DIRECTOR	cable (NC		Agent	l signature required	when reinstating)	DA'E		
NAME	PS STAVROS, MALLIARAS		DELETE	13. 1.1 T/TL 1.2 NAM			ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR Change	
NAME Street address	STAVROS, MALLIARAS 5803 1ST AVENUE DRIVE			1.1 Titu 1.2 Nam	ME	DDAESS	ADDITIONS/CHANGES TO OFFICE	RS AND		
NAME Street address City - St - Zip	STAVROS, MALLIARAS		DELETE	1.1 Titu 1.2 Nam	ME REET AC	1	ADDITIONS/CHANGES TO OFFICE	RS AND		
NAME STREET ADDRESS CITY-ST-ZIP TITLE	STAVROS, MALLIARAS 5803 1ST AVENUE DRIVE			1.1 TITU 1.2 NAA 1 3 STR	ME REET AC Y - ST-	1	ADDITIONS/CHANGES TO OFFICE	ERS AND	Change	Additio
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	STAVROS, MALLIARAS 5803 1ST AVENUE DRIVE		DELETE	1.1 TATU 1.2 NAM 1 3 STR 1 4 CATY	ME REET AC Y - ST - . F	1	ADDITIONS/CHANGES TO OFFICE	RS AND		Additio
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SIGNATURE: SIGNATURE AND LIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/05/96 941777-0738