

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

**FILED**

**Feb 21 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P95000016963 (7)**

1. Corporation Name  
**PARKWAY INTERNATIONAL, INC.**



Principal Place of Business: **4131 PARK ST N ST PETERSBURG FL 33709**  
 Mailing Address: **4131 PARK ST N ST PETERSBURG FL 33709-4013**

3. Date Incorporated or Qualified: **03/01/1995**  
 3a. Date of Last Report: **04/19/1996**  
 4. FEI Number: **59-3298674**  
 Applied For:  Yes  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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25  
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**LOULOU DIS, NICOLAS**  
**4131 PARK ST N**  
**ST PETERSBURG FL 33709**

10. Name and Address of New Registered Agent  
 81 Name: **LEE, VASSILIKI**  
 82 Street Address (P.O. Box Number is Not Acceptable): **4131 PARK ST N**  
 83  
 84 City: **ST. PETERSBURG FL** 85 Zip Code: **33709**

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: **X VASSILIKI LEE** DATE: **X**  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	<del>LOULOU DIS, NICOLAS</del>	
STREET ADDRESS	<del>16258 GULF BLVD</del>	
CITY - ST - ZIP	<del>REDINGTON BEACH FL</del>	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LEE, VASSILIKI	
STREET ADDRESS	6467 3RD AVE S	
CITY - ST - ZIP	ST PETERSBURG FL 33707	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GABBARA STRATIS	
1.3 STREET ADDRESS	5660 80TH ST N APT-2006	
1.4 CITY - ST - ZIP	St. Petersburg, FL 33709	
2.1 TITLE	D/SECT/TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SPYROS A. STRATIS	
3.3 STREET ADDRESS	5660 80TH ST. N. APT-2006	
3.4 CITY - ST - ZIP	St. Petersburg, FL 33709	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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: **X VASSILIKI LEE** DATE: **X 2/18/97 (813) 541-4817**  
(Signature, typed or printed name of signing officer or director)

CR2E034 (9/96)