

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 07 1997 8:00am  
Secretary of State

DOCUMENT # **P95000024807 (6)**

1. Corporation Name  
**THE KOSMAS GROUP, INC.**



Principal Place of Business  
**751 THIRD AVE  
NEW SMYRNA BEACH FL 32169**

Mailing Address  
**751 THIRD AVE  
NEW SMYRNA BEACH FL 32169-3101**

2. Principal Place of Business  
21 **920 THIRD AVENUE**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **920 THIRD AVENUE**  
Suite, Apt. #, etc.

22 City & State  
23 **NEW SMYRNA BEACH FL**  
24 Zip **32169**  
25 Country **USA**

27 City & State  
28 **NEW SMYRNA BEACH, FL**  
29 Zip **32169**  
30 Country **USA**

3. Date Incorporated or Qualified  
**03/28/1995**

3a. Date of Last Report  
**05/01/1996**

4. FEI Number  
**59-3321096**

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

10. Name and Address of New Registered Agent

**KOSMAS, STEVEN P  
751 THIRD AVE  
NEW SMYRNA BEACH FL 32169**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**920 THIRD AVENUE**

83

84 City  
**NEW SMYRNA BEACH**

**FL**

85 Zip Code  
**32169**

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOSMAS, STEVEN P</b>	1.2 NAME	
STREET ADDRESS	<b>751 THIRD AVE</b>	1.3 STREET ADDRESS	<b>920 THIRD AVENUE</b>
CITY-STATE-ZIP	<b>NEW SMYRNA BEACH FL 32169</b>	1.4 CITY-STATE-ZIP	<b>NEW SMYRNA BEACH FL 32169</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOSMAS, PAUL</b>	2.2 NAME	
STREET ADDRESS	<b>751 THIRD AVE</b>	2.3 STREET ADDRESS	<b>920 THIRD AVENUE</b>
CITY-STATE-ZIP	<b>NEW SMYRNA BEACH FL 32169</b>	2.4 CITY-STATE-ZIP	<b>NEW SMYRNA BEACH FL 32169</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOSMAS, NICHOLAS G</b>	3.2 NAME	
STREET ADDRESS	<b>751 THIRD AVE</b>	3.3 STREET ADDRESS	<b>920 THIRD AVENUE</b>
CITY-STATE-ZIP	<b>NEW SMYRNA BEACH FL 32169</b>	3.4 CITY-STATE-ZIP	<b>NEW SMYRNA BEACH FL 32169</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORDY, HAROLD B JR</b>	4.2 NAME	
STREET ADDRESS	<b>5200B COASTAL HWY</b>	4.3 STREET ADDRESS	<b>920 THIRD AVENUE</b>
CITY-STATE-ZIP	<b>OCEAN CITY MD 21842</b>	4.4 CITY-STATE-ZIP	<b>NEW SMYRNA BEACH FL 32169</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del><b>CAIRO, HENRY</b></del>	5.2 NAME	
STREET ADDRESS	<del><b>111 N ORANGE AVE</b></del>	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<del><b>ORLANDO FL 32801</b></del>	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 or changed, or on an attachment with an address.

SIGNATURE: *Steven P. Kosmas* **STEVEN KOSMAS** 2/27/97 (904) 428-7590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)