

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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96 NOV 14 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000030054 (7)

1. Corporation Name  
**STAVRIS ENTERPRISES, INC.**  
*DBA Engine Repair Depot.*

*AMENDED COPY*



Principal Place of Business: 5721 FUNSTON ST HOLLYWOOD FL 33021  
Mailing Address: 5721 FUNSTON ST HOLLYWOOD FL 33021

3. Date Incorporated or Qualified: 04/18/1995  
3a. Date of Last Report: 1995  
4. FEI Number: 65-0575148  
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  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 27  
City & State: 28  
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
~~TSIAUSSIS, OLGA~~  
5721 FUNSTON ST  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent  
81 Name: GENIE Cotzamanaglou  
82 Street Address: 4054 SW 67th Terr  
83 City: DAI  
84 City: DAI  
85 Zip Code: DAI FL 33314

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: *Alexis Cotzamanaglou* DATE: 10/1/96

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

TITLE	PRES.	NAME	OLGA TSIAUSSIS	STREET ADDRESS	5721 Funston St.	CITY-ST-ZIP	HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> DELETE
TITLE		NAME	OLGA TSIAUSSIS	STREET ADDRESS	5721 Funston St.	CITY-ST-ZIP	HOLLYWOOD FL 33021	<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V.P. SEC.	1.2 NAME	Mimos Cotzamanaglou	1.3 STREET ADDRESS	5721 Funston St.	1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	PRES.	2.2 NAME	Genie Cotzamanaglou	2.3 STREET ADDRESS	4054 SW 67th Terr.	2.4 CITY-ST-ZIP	DAVE FL 33314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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\*\*\*\*\*61.25 \*\*\*\*\*61.25

*A. Adams*  
11-14-96

14. I do hereby certify that the information supplied with this filing 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 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 amendment with an address.

SIGNATURE: *Alexis Cotzamanaglou* VP DATE: 10/1/95 TIME/PHONE: 954-964-5599

CR2E034 (12/95)