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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 17 1997 8:00am

Secretary of State

Daylime Phone #

Secretary of State
DIVISION OF CORPORATIONS

1997 P9500060796 (6)

14400 WALSINGHAM RD 14400 WAL					
					Date of Last Report /24/1996
—·1	lace of Business	2a. Mailing Address		4. FEI Number 65.0599714 59-059971	Applied For
Suite, Apt	#, elc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Stat	6	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23		28]		Trust Fund Contribution	Added to Fees
Ζ(p 24	Country 25	Z(p	Country	This corporation has liability for Intangib Florida Statutes Yes	
	9. Name and Address of Currer		30	10. Name and Address of New Registered	
	RLOUKIS, WILLIAM		B1 Name		
14400 WALSINGHAM RD		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
LARC	30 FL 33715	•	83		
			84 City	F	85 Zip Code
	to the provisions of Sections 607.050 registered agent, or both, in the State am familia. Full and accept the oblig	2 and 607.1508, Florida Statute of Florida. Such change was a ations of, Section 607.0505, Flo	es, the above-named cor authorized by the corpora orida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered appointment as registered
SIGNATURE	Signature type a printed name of registred agr	et and title if applicable (NOTE	Registered Agent signature requ	ired when reinstating) DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TIFLE	PD Tourloukis, William	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADORESS	557 PINELLAS BAYWAY		1.2 NAME 1.3 STREET ADDRESS	•	
CHY-\$1-7:P	TIERRA VERDE FL 33715		1.4 CITY - ST - ZIP		l
HU	SD	DELETE	21 TIFLE		Change Addition
NAME	CHRISTAKOS, VICKY		2.2 NAME		
STREET ADDRESS	557 PINELLAS BAYWAY		2.3 STREET ADDRESS		
CHY+S1-ZIP	TIERRA VERDE FL 33715	☐ DELETE	2.4 City-St-ZIP		Change Addition
TITLE NAME		ן שנינונ	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		ļ
CHY-SI-7:P			3.4. CITY - \$1 - ZIP		
TiTLE		☐ DELETE	4.1 TITLE		Change Addition
NAMI			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY ST ZIP		DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		L'1 percie	5.1 TITLE 5.2 NAME		ET £HRIBG ET ¥000000
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZII:			5.4 CITY - ST - ZIP		
TITLE	f	DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			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 cath; 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 12 from need to the corporation of the cor