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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000063858

HELLENIC INC. IMPORT-EXPORT

## **FILED** Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90022 009 \*\*\*150.00



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Principal Place of Business Mailing Address								
4717 PHOENIX AVE. HOLIDAY FL 34690 HOLIDAY FL 34690 HOLIDAY FL 34690								
						DO NOT WRITE IN THIS SPACE		
	Aut on the					3. Date Incorporated or Qualifed		
						08/09/1995	<del></del>	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		lied For
21		26				NOT APPLICABLE		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>\$8.75</b> A Fee Red	
22		27						
City & Stat	e	<b>⊢</b> ′	City & State □			6. Election Campaign Financing Trust Fund Contribution	\$5.00 t Added to	
23   Zin	Country	Zip				This corporation owes the current year	<del></del>	, , 663
Zip .		29	30	y		Personal Property Tax.		□No
24	9. Name and Address of Current	1 <del></del>	[30]			10. Name and Address of New Register		
		Latina Allendaria		81	Name		· ·	
KAV	OUKLIS, ELENI			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
4717 PHOENIX AVE				02	Sucet Mudie	(1.0. DOX (TOTALDO)	n ag elle en broke broke	<u> Propriodor aptralla</u>
HOLIDAY FL 34690				83		· · · · · · · · · · · · · · · · · · ·	服門智問關	
				84	City	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip C	ode
تباوة فرفعه وخواجا ويواجو					-	<b>_</b>	L	
office or r	to the provisions of Sections 607,0502 registered agent, or both, in the State o im familiar with, and accept the obligation	f Florida: Such change wa	as authorized	d by :	the corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	pointment as reg	istered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (I	OTE: Registered	1 Agen	t signature required	when reinstating) : DATE	<del>,</del>	
12.	OFFICERS AND		13.		-	ADDITIONS/CHANGES TO OFFICERS		
TITLE	Р	☐ DELETE	1.1 TI	ΠLE	T	:573 - 八、 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Change	☐ Addition
NAME	KAVOUKLIS, ELENI		1.2 N	AME		,		
STREET ADDRESS	4717 PHOENIX AVE.		1.3 S	TREET	ADDRESS			
CITY-ST-ZIP	HOLIDAY FL 34690		1.4 C	ITY-\$1	T- ZIP			
TITLE	V	☐ DELETE	2.1 🏋	ITLE			☐ Change	☐ Addition
NAME	KAVOUKLIS, NIKITAS		2.2 N	AME				
STREET ADDRESS	THE PROPERTY AND		2.3 \$	TREET	T ADDRESS	r e	•	· ·
C/TY-ST-ZIP	HOLIDAY FL 34690 State Colored	the same is a real and same		CITY-S	T-ZIP	- Autorian de la Constantina del Constantina de la Constantina de la Constantina de la Constantina de la Constantina del Constantina de la		- Addis
TITLE YAL	See in the fact	☐ DELETI	3.1 ∏	TILE			Change	Addition
NAME (1)	KAVOUKLIS, KATINA							
STREET ADDRESS		•	3.2 N	AME				
	4717 PHOENIX AVE.	i			T ADDRESS	。 11、25個12月上旬時期		
CITY-ST-ZIP	4717 PHOENIX AVE. HOLIDAY FL 34690	,	3.3 S	TREET		クタロン 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
CITY-ST-ZIP TITLE			3.3 S 3.4. C	TREET CITY-S ITLE		大學問題。 2.1、大學的基準 2.2、大學的表現,所以其一學的基礎的 2.2、大學的表現,可以其一學的基礎的	Change)\$	Addition
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14. I 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, with all other like empowered.

January 10, 1999