

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Aug 06 1996 8:00 am
Secretary of State

DOCUMENT # P95000085537 (5)

1. Corporation Name

GREECE MAGAZINE, INC.

Principal Place of Business

Mailing Address

1025 S. SEMORAN BLVD. SUITE 1093
WINTER PARK FL 32792

1025 S. SEMORAN BLVD. SUITE 1093
WINTER PARK FL 32792

3. Date Incorporated or Qualified

11/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 830 EYRIE DRIVE

26 830 EYRIE DRIVE

4. FEI Number

59-3345313

Applied For

Not Applicable

22 Suite, Apt #, etc

27 Suite, Apt #, etc

23 SUITE 1

27 SUITE 1

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

23 OVIEDO, FL

28 OVIEDO, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

32765

32765

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

RICKETTS, CANDICE C
1025 S. SEMORAN BLVD., SUITE 1093
WINTER PARK FL 32792

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

830 EYRIE DR

83

SUITE 1

84 City

OVIEDO

FL

85 Zip Code

32765

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 (new agent and only if applicable)

(If the Registered Agent signature is required when new agent)

FILE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME RICKETTS, CANDICE C
STREET ADDRESS 3840 BECONTREE PLACE
CITY-ST-ZIP OVIEDO FL 32765

TITLE VT
NAME VELETSOS, ALEXANDROS I
STREET ADDRESS 3840 BECONTREE PLACE
CITY-ST-ZIP OVIEDO FL 32765

TITLE S
NAME RICKETTS, JOYCE B
STREET ADDRESS 3836 BECONTREE PLACE
CITY-ST-ZIP OVIEDO FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEXANDROS VELETSOS
VICE PRESIDENT

7/30/96

407-365-0663

CR2E034 (3/96)