

**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: 1025 S. SEMORAN BLVD. SUITE 1093 WINTER PARK FL 32792
Mailing Address: 1025 S. SEMORAN BLVD. SUITE 1093 WINTER PARK FL 32792

3. Date Incorporated or Qualified: 11/03/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 59-3345313
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

2. Principal Place of Business: 21 830 EYRIE DRIVE, Suite, Apt #, etc: 22 SUITE 1, City & State: 23 OVIEDO, FL, Zip: 24 32765
2a. Mailing Address: 26 830 EYRIE DRIVE, Suite, Apt #, etc: 27 SUITE 1, City & State: 28 OVIEDO, FL, Zip: 29 32765, Country: 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: [Blank]
82 Street Address (P.O. Box Number is Not Acceptable): 830 EYRIE DR
83 SUITE 1
84 City: OVIEDO, FL, Zip Code: 85 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 (required for registered agent and officer/director)

(If the Registered Agent signature required when receiving the

FILE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P	<input type="checkbox"/>
NAME	RICKETTS, CANDICE C	
STREET ADDRESS	3840 BECONTREE PLACE	
CITY - ST - ZIP	OVIEDO FL 32765	
TITLE	VT	<input type="checkbox"/>
NAME	VELETSOS, ALEXANDROS I	
STREET ADDRESS	3840 BECONTREE PLACE	
CITY - ST - ZIP	OVIEDO FL 32765	
TITLE	S	<input type="checkbox"/>
NAME	RICKETTS, JOYCE B	
STREET ADDRESS	3836 BECONTREE PLACE	
CITY - ST - ZIP	OVIEDO FL 32765	
TITLE	[Blank]	<input type="checkbox"/>
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY - ST - ZIP	[Blank]	
TITLE	[Blank]	<input type="checkbox"/>
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY - ST - ZIP	[Blank]	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	[Blank]	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	[Blank]		
1.3 STREET ADDRESS	[Blank]		
1.4 CITY - ST - ZIP	[Blank]		
2.1 TITLE	[Blank]	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	[Blank]		
2.3 STREET ADDRESS	[Blank]		
2.4 CITY - ST - ZIP	[Blank]		
3.1 TITLE	[Blank]	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	[Blank]		
3.3 STREET ADDRESS	[Blank]		
3.4 CITY - ST - ZIP	[Blank]		
4.1 TITLE	[Blank]	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	[Blank]		
4.3 STREET ADDRESS	[Blank]		
4.4 CITY - ST - ZIP	[Blank]		
5.1 TITLE	[Blank]	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	[Blank]		
5.3 STREET ADDRESS	[Blank]		
5.4 CITY - ST - ZIP	[Blank]		
6.1 TITLE	[Blank]	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	[Blank]		
6.3 STREET ADDRESS	[Blank]		
6.4 CITY - ST - ZIP	[Blank]		

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: *Alexandros Veletsos* ALEXANDROS VELETOS VICE PRESIDENT
Date: 7/30/96
Office Phone #: 407-365-0663

CR2E034 (3/96)