

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P95000085537 (5)

1. Corporation Name
GREECE MAGAZINE, INC.



Principal Place of Business Mailing Address
830 EYRIE DRIVE SUITE 1 OVIEDO FL 32785 US

3. Date Incorporated or Qualified **11/03/1995** 3a. Date of Last Report **08/06/1996**
 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**
 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **430 ANDERSON COURT** 26 **430 ANDERSON COURT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **ORLANDO FL** 27 **ORLANDO FL**
 City & State City & State
 23 **32801 USA** 28 **32801 USA**
 Zip Country Zip Country

9. Name and Address of Current Registered Agent
RICKETTS, CANDICE C
830 EYRIE DR.
SUITE 1
OVIEDO FL 32785

10. Name and Address of New Registered Agent
 81 Name **RICKETTS, CANDICE**
 82 Street Address (P.O. Box Number is Not Acceptable) **430 ANDERSON COURT**
 83
 84 City **ORLANDO FL** 85 Zip Code **32801**

CHANGING ADDRESS ONLY →

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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Candice Ricketts* **CANDICE RICKETTS** **4/26/97**
Signature type is printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RICKETTS, CANDICE C	
STREET ADDRESS	3840 BECONTREE PLACE	
CITY - ST - ZIP	OVIEDO FL 32785	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	VELETSOS, ALEXANDROS I	
STREET ADDRESS	3840 BECONTREE PLACE	
CITY - ST - ZIP	OVIEDO FL 32785	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RICKETTS, JOYCE B	
STREET ADDRESS	3836 BECONTREE PLACE	
CITY - ST - ZIP	OVIEDO FL 32785	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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, unchanged, or on an attachment with an address.

SIGNATURE: *Alexandros Veletsos* **ALEXANDROS VELETSOS, V.P., 4/26/97 407-648-1106**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)