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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000089354 (1)**

1. Corporation Name

THEOTOKOS, INC.

Principal Place of Business	Mailing Address
605 NORTH LAKE BLVD., UNIT 71 ALTAMONTE SPRINGS FL 32701	605 NORTH LAKE BLVD., UNIT 71 ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified: **11/21/1995** | 3a. Date of Last Report:

2. Principal Place of Business
21: 7331 Mayfield Dr.
22: Suite, Apt. #, etc.
23: City & State: PORT RICHEY, FLORIDA
24: Zip: 34668 | 25: Country: US

2a. Mailing Address
26: 7331 Mayfield dr.
27: Suite, Apt. #, etc.
28: City & State: PORT RICHEY FLORIDA
29: Zip: 34668 | 30: Country: U.S.

4. FEI Number: 59-3347329 ☐ 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

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: George A. Youssef Director
82 Street Address (P.O. Box Number is Not Acceptable)
83: 7331 Mayfield dr.
84 City: Port Richey FL 85 Zip Code: 34668

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: George A. Youssef 4-3-96
Signature of New Registered Agent, if changed — Printed name of New Registered Agent, if changed — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD YOUSSEF, HANNI-GEORGE 605 NORTH LAKE BLVD., UNIT 71 ALTAMONTE SPRINGS FL 32701	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PSTD YOUSSEF, Hanni George 7331 Mayfield dr. Port Richey FL 34668	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD YOUSSEF, RENEE M 605 NORTH LAKE BLVD., UNIT 71 ALTAMONTE SPRINGS FL 32701	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VD Renee M. Youssef 7331 Mayfield dr. Port Richey FL 34668	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOUSSEF, GEORGE A 605 NORTH LAKE BLVD., UNIT 71 ALTAMONTE SPRINGS FL 32701	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D Youssef, George A. 7331 Mayfield dr. Port Richey FL 34668	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, and it 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.

SIGNATURE: Hanni G. Youssef President 4-3-96 (813)847-4173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #