

FILE NOW: FILING FEE IS \$61.25 **AMENDED**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

HOMORI, INC.

P95000091404

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT -1 PM 3:05

Principal Place of Business

Mailing Address

3317 W. Hillsboro Blvd
Deerfield Beach, FL 33442

SAME

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 3317 W Hillsboro Blvd
Suite, Apt. #, etc.

11-30-95

22 City & State

27 City & State
Deerfield Beach, FL

4. FEI Number

65-0645920

Applied For

Not Applicable

23 Zip

Country

28 Zip
33442

Country

30 Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EKATERINI ALEXOPOULOS
5100 Camino Del Sol #401
Boca Raton, FL 33433

81 Name

SAME

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

400003006314-9
-10/05/99-01101-006

83 City

*****61.25 *****61.25
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Ekatenni Alexopoulos
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Sept 4, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **KONSTANTINOS ALEXOPOULOS**
STREET ADDRESS **5700 Camino Del Sol #401**
CITY-ST-ZIP **Boca Raton, FL 33433**
TITLE ☐ DELETE
NAME **EKATERINI ALEXOPOULOS**
STREET ADDRESS **5700 Camino Del Sol #401**
CITY-ST-ZIP **Boca Raton, FL 33433**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **P: EKATERINI ALEXOPOULOS**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **T: KONSTANTINOS ALEXOPOULOS**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **New Information is:**
3.3 STREET ADDRESS **President:**
3.4 CITY-ST-ZIP **Ekatenni Alexopoulos**
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **address: same**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **Treasurer:**
5.3 STREET ADDRESS **Konstantinos Alexopoulos**
5.4 CITY-ST-ZIP **address: same**
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP **PR 10/4**

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 617, 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.

SIGNATURE:

Konstantinos Alexopoulos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 4, 1999

Date

(954) 429-3998

Daytime Phone #

CR2E037 (11/98)