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CAPITAL CONNECTION

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96 MAY 31 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAY 31 1996

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P 95000094898 1. Corporation Name		
P. Nifakos Enterprises, Inc.		

Principal Place of Business	Mailing Address
12702 Guilford Circle Wellington, Florida 33414	

3. Date Incorporated or Qualified 12/95		3a. Date of Last Report n/a	
4. FEI Number 65-0631529		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$0.75 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		2a. Mailing Address	
21. Same	26. same		
Suite, Apt. # etc		Suite, Apt. # etc	
22. City & State		27. City & State	
23. Zip		28. Zip	
Country		Country	
24. Country		30. Country	

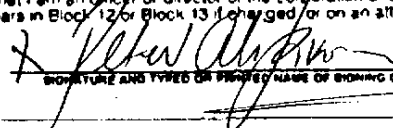
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Peter Nifakos 12702 Guilford Circle Wellington, Florida 33414		01. Name 02. Street Address (P.O. Box Number is Not Acceptable) 03. 04. City 05. Zip Code FL	

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 _____ DATE _____
(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
☐ DELETE		☐ Change ☒ Addition	
TITLE	NAME	1.1 TITLE	President
STREET ADDRESS	NAME	1.2 NAME	Peter Nifakos
CITY - ST - ZIP	STREET ADDRESS	1.3 STREET ADDRESS	12702 Guilford Circle
	CITY - ST - ZIP	1.4 CITY - ST - ZIP	Wellington, Florida 33414
☐ DELETE		☐ Change ☐ Addition	
TITLE	NAME	2.1 TITLE	
STREET ADDRESS	NAME	2.2 NAME	
CITY - ST - ZIP	STREET ADDRESS	2.3 STREET ADDRESS	
	CITY - ST - ZIP	2.4 CITY - ST - ZIP	
☐ DELETE		☐ Change ☐ Addition	
TITLE	NAME	3.1 TITLE	
STREET ADDRESS	NAME	3.2 NAME	
CITY - ST - ZIP	STREET ADDRESS	3.3 STREET ADDRESS	
	CITY - ST - ZIP	3.4 CITY - ST - ZIP	
☐ DELETE		☐ Change ☐ Addition	
TITLE	NAME	4.1 TITLE	
STREET ADDRESS	NAME	4.2 NAME	
CITY - ST - ZIP	STREET ADDRESS	4.3 STREET ADDRESS	
	CITY - ST - ZIP	4.4 CITY - ST - ZIP	
☐ DELETE		☐ Change ☐ Addition	
TITLE	NAME	5.1 TITLE	
STREET ADDRESS	NAME	5.2 NAME	
CITY - ST - ZIP	STREET ADDRESS	5.3 STREET ADDRESS	
	CITY - ST - ZIP	5.4 CITY - ST - ZIP	
☐ DELETE		☐ Change ☐ Addition	
TITLE	NAME	6.1 TITLE	
STREET ADDRESS	NAME	6.2 NAME	
CITY - ST - ZIP	STREET ADDRESS	6.3 STREET ADDRESS	
	CITY - ST - ZIP	6.4 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:  DATE: 5-30-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

5-31 AD