## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT Secretary of State  1996 DIVISION OF CORPORATIONS								
DOCUN 1. Corporation	MENT # <b>P950</b> 0	00097037 (2)						
GREEKS	S "R" US, INC.							
Principal Place	of Business	Mailing Address				UNI DUNU UNIN I	OUN BUILD III	
103 LEE STREET INDIALANTIC FL 32903		103 LEE STREET Indialantic FL 32903						
					3. Date Incorporated or Qualified 12/18/1995	3a. Date o	of Last Rep RST 1	oo1 R4PORT
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			oplied For
21		26						ot Applicable Additional
Suite, Apt. #	t, etc.	Suite, Apit. #, etc.		•	5. Certificate of Status Desired			equired
City & State		City & State	····		Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip <b>24</b>	Country 25	Ζ <sub>Ι</sub> ρ <b>29</b>	Country 30		8. This corporation has liability for Florida Statutes Yes	intangible tax	under s 1	99.032,
	9. Name and Address of Cur				10. Name and Address of New F	tegistered A	gent	
			81	lanie				
BOVA, JUDY 82 Street				Street Ado	ddress (P.O. Box Number is Not Acceptable)			
103 LEE			83					
INDIALA	NTIC FL 32903		63					
_	•		84	City		FL	85 Zip	Code
or register familiar wit SIGNATURE	ed agent, or both, in the State of F th, and accept the obligations of S Sgretue, typid or prairio name of resistance.	iomda Such charige was authorized on 607.0506, Florida Statutes	Te Registered Agents	INOLLS DOM	oration submits this statement for the purified of directors. I hereby accept the approximate the state of ADDITIONS/CHANGES TO OFF	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		Change	Addition
TITLE	D Bova, Judy	□ Steele	1.2 NAME			•	,	
NAME STREET ADDRESS	103 LEE STREET		1.3 STREET AD	DRESS .				
CITY - ST - ZIP	INDIALANTIC FL 32903		14 C-TY - \$1 -	i				,
TITLE		☐ DELETE	2 3 115LE				] Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET AT	DRE 3S				
CITY - ST - ZIP		——————————————————————————————————————	2.4 CITY - ST	ZiP			7 Change	Addition
TITLE		DELETE	3 1 1111.6	1		L.	] Charge	Addition
NAME			3.2 NAME 3.3 STREET A	กกละรง				
STREET ADORESS			3.4 CiTy - ST -	!				
CITY+ST-ZIP TITLE		[] DELETE	4 1 11iLE				Change	Addition
NAME			4.2 NAME					
STREET ADDRESS			4 3 STREET AS	DRESS				
CITY-ST-ZIP			4 4 CITY - ST	Z1F:			ad 1 <sup></sup> >	
THLE		☐ DELETE	5 1 TILLE			11990	T Charle	Apa tion
NAME			5.2 NAMF		***200.00	.555 0	• •	5/
STREET ADDRESS			53 STREET AL	DDR: SS	· · · succes our			11 6
CITY - ST - ZIP		F7 5.5. F17	5.4 City - St -	7 m²			T Chaoge	Addition
TITLE		☐ DELETE	6 1 TITLE			L	] Change	☐ Mondon

6 4 City - ST - ZIP 14. To 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 certify that I am an officer or director of the corporation or the receiver or trusted 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 attacture of the receiver of the corporation of the receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

63 STREET ADDRESS

SIGNATURE: \_

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96 40-7-777-5304

CR2E034 (12/95)