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

CORPOBATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # P96000 B DEERFIELD GAS CORP.	005488 (7)					
Principal Plac	e of Business	Mailing Address			I INDIII DI ILE IDIIA DIIII DOIII DOIII DOIII	SI MATILI EDIOL ASILI ALE	THE EMINE LANG EMINE
1997 N.E. 2ND AVENUE DEERFIELD BEACH FL 33441		1997 N.E. 2ND AVENUE DEERFIELD BEACH FL 33441-3702					
					3. Date Incorporated or Qualified 01/18/1996	3a. Date of L	ast Report
	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	10	Applied For
21 26					65-063663		Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	- 1		5. Certificate of Status Desired	1 1	.75 Additional ee Regulred
City & State		City & State	City & State		& Floation Compaign Financian		.00 May Be
, · —		28	٦ ´		6. Election Campaign Financing Trust Fund Contribution	- m	ided to Fees
Zip	Country	Zip	Country	/	8. This corporation has liability for		
24	25	29	30		Florida Statutes	Yes No	
	g. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
	IANASAKOS, ELIZABETH ESQ.		81	Name			
1800 N.E. 26TH STREET			82	Street Add	iress (P.O. Box Number is Not Acceptate	ole)	
FOR	RT LAUDERDALE FL 33305		83				
			03				
			84	City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statut	es, the abov	e-named cor	ogration submits this statement for the r		ing its registered
office or r	egistered agent, or both, in the State	of Florida, Such change was a	authorized by	y the corpora	poration submits this statement for the patients board of directors. I hereby acception's board of directors acceptions are submitted to the patients of the patients are statement for the patients are submitted to th	of the appointme	nt as registered
ſ	in familial with and accept the obliga	tions or, agenon dor, cada, i ii	orida diatute	o .			
SIGNATURE	Signature typed or printed name of registered agen	t and title if applicable (NOT	E Registered Ag	enl signature requ	rired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		
TIFLE	PSD PSD	L_] DELETE	1.1 TITLE			L Cha	ange 🔲 Addition
NAME	ARGYROPOULOS, DORA		1.2 NAME				
STREET ADDRESS	865 S.E. 21ST AVENUE		1.3 STREET				
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	DELETE	1.4 CITY-5	ST - ZIP		☐ Cha	ange Addition
TITLE			2.1 TITLE			ال ال	inge LI Addition
NAME STREET ADDRESS			2.2 NAME	ADDRESS			
CITY-ST-ZIP			2.4 CITY -				ì
TITLE	,	DELETE	3.1 TITLE	21		☐ Ch	ange Addition
NAME			3.2 NAME	}			ŀ
STREET ADDRESS			3.3 STREET	ADDRESS			
C:TY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		DELETE	4.1 TITLE			☐ Cha	ange Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			?
CITY-ST-ZIP		Desert	4.4 CITY - S	ST-ZIP			
TITLE		DELETE	5.1 TITLE			[☐ Cha	ange L Addition
NAME OXDSET ADORESS			5.2 NAME	I ADDOCCO			i
STREET ADORESS				ADDRESS			ļ
CITY - ST - ZIP T-TLE		DELETE	5.4 CITY-5	51 - ZP		☐ Chi	ange Addition
NAME	i I	L-#	6.2 NAME				
STREET ADDRESS				ADDRESS			
5.712.7.700.000			0.0 01112				

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 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.