

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

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Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000012554 (7)

1. Corporation Name
NEW PORT RICHEY SUBS, INC.



Principal Place of Business
6206 US HIGHWAY 19
NEW PORT RICHEY FL 34652

Mailing Address
30 NORTH RING AVENUE
STE 400
TARPON SPRINGS FL 34689-4304

3. Date Incorporated or Qualified 01/31/1996	3a. Date of Last Report
4. FEI Number 59-3364045	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 6206 US HWY 19
22 City & State	27 Suite, Apt. #, etc.
23 Zip	28 City & State NEW PORT RICHEY FL
24 Country	29 Zip 34652
	30 Country USA

9. Name and Address of Current Registered Agent
KLIMIS, GEORGE N
30 NORTH RING AVENUE
STE 400
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent
81 Name John Tsompanidis
82 Street Address (P.O. Box Number is Not Acceptable) 6206 U.S. Hwy. 19
83
84 City New Port Richey FL
85 Zip Code 34652

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: *John Tsompanidis* (NOTE: Registered Agent signature required when reinstating) 2-17-97 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TSOMPANIDIS, WILLIAM J		1.2 NAME	
STREET ADDRESS 7421 NEBRASKA AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL 34653		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE P/D/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TSOMPANIDIS, JOHN		2.2 NAME	
STREET ADDRESS 7421 NEBRASKA AVENUE		2.3 STREET ADDRESS 6206 U.S. Hwy. 19	
CITY-ST-ZIP NEW PORT RICHEY FL 34653		2.4 CITY-ST-ZIP New Port Richey, FL 34652	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
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 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: *John Tsompanidis* PRESIDENT 2/17/97 (813) 842-4242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)