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

PROFIT · CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

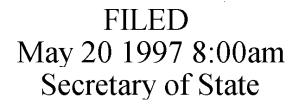
Sandra B. Mortham

Scretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000016792 (9)

TOULLA XIOUTAS, INC.





Principal Place of Business Mailing Address 1900 MAIN STREET, SUITE 210 1900 MAIN STREET. 8 8ARASOTA FL 34236 SARASOTA FL 34236			Iain street, suite						
						3. Date Incorporated or Qualified 02/23/1996	3a. Da	ite of Last F	Report
	lace of Business	2a. Ma	iling Address			4. FELNumber		Ar	pplied For
21		26				65-0644	5 67 _		ot Applicable
Sulte, Apt.		27	ite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & State	9	28	y & State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zıç)	Count	гу	8. This corporation has liability fo	r intangible	tax under s	. 199.032,
24	25	29		30			Yes [
	9. Name and Address of Curr	ent Registere	d Agent			10. Name and Address of New R	egistered /	Agent	
KLEI	N, WILLIAM R			8	1 Name				
1900 MAIN STREET, SUITE 210 SARASOTA FL 34236				8	2 Street A	Address (P.O. Box Number is Not Acceptable)			
SAIV	100 IN 1 E 01200			В	3			******	
				8	4 City		FL	85 Zip	Code
office or r	to the provisions of Sections 607.09 egistered agent, or both, in the Sta m familiar with, and eccept the obl	te of Florida :	Such change was	authorized t	ov the corp	corporation submits this statement for the oration's board of directors. I hereby accoration	purpose of	changing it pintment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered a					equired when reinstating)	DATE		-
12.		NO DIRECTO		13.		ADDITIONS/CHANGES TO OFF		DIRECTOR	RS IN 12
TALE	D		DELETE	1.1 TITLE				Change	Addition
NAME	XIOUTAS, TOULLA			1.2 NAME					
STREET ADDRESS	1900 MAIN STREET, SUITE 2	10		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34236			1.4 CITY	-ST - ZIP				
TITLE			☐ DELETE	2.1 TITLE				Change	Addition
NAME				2.2 NAME					
STREET ADDRESS				2.3 STRE	ET ADDRESS				
CITY-ST-ZIP				2. 4 CITY			_		
TITLE			DELETE	3 1, TITLE	·			L Change	Addition
NAME				3.2 NAMI	1				
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP			DELETE	3.4. CITY				Change	A statistical
TITLE			☐ DELETE	4.1 TITLE	1			L Change	Addition
NAME				4. 2 NAM					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP			DELETE	4.4 CITY				Change	Addition
TALE				5.1 TITLE				Collange	Moningu
NAME				5 2 NAME					
STREET ADDRESS				1	T ADDRESS				
CITY-ST-ZIP			PELETE	5.4 CITY				Charac	# JJ J J J J J J J J J J J J J J J J J
TITLE	•		☐ DELETE	6.1 NTLE		من منبور مسر مسرد مسرد مسرد م		Change	Addition
NAME	•_			6.2 NAME		00000220 -06/04/97010	JUBE	žO.	o s
STREET ADDRESS	·			6.3 STREE	T ADDRESS	-06/04/97010	JU303	35	5/20/9
CITY-ST-7IP	•			6.4 CHY-	\$1-7IP	***165 NO			218019

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.

1. /20 /1007