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FILED
Jun 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000049360 (6)

1. Corporation Name

JOHNNY TSIMOGIANNIS & ASSOCIATES, P.A.



Principal Place of Business

Mailing Address

6441 SW 21 ST
W MIAMI FL 33155
US

1825 PONCE DE LEON BLVD., STE. 227
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

1825 Ponce de Leon Blvd

Suite, Apt. #, etc.

27

Suite # 132

28

City & State

29

Coral Gables, FL

30

33134

Country

USA

3. Date Incorporated or Qualified

06/10/1996

4. FEI Number

65-0672722

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TSIMOGIANNIS, JOHNNY
6441 SW 21 ST
W MIAMI FL 33155

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person authorized to change registered office and agent, if applicable

(NOTE: Registered Agent signature required when installing)

JOHNNY TSIMOGIANNIS

4/29/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PTD

☐ DELETE

NAME

TSIMOGIANNIS, JOHNNY

STREET ADDRESS

6441 SW 21 ST

CITY-ST-ZIP

W MIAMI FL

TITLE

VSD

☐ DELETE

NAME

REY-TSIMOGIANNIS, OFELIA

STREET ADDRESS

6441 SW 21 STREET

CITY-ST-ZIP

W MIAMI FL

TITLE

D

☒ DELETE

NAME

TSIMOGIANNIS, LILY

STREET ADDRESS

520 NW 89 TERRACE

CITY-ST-ZIP

PEMBROKE PINES FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1825 Ponce de Leon Blvd #132
Coral Gables, FL
5/D

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1825 Ponce de Leon Blvd #132
Coral Gables, FL

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

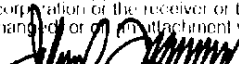
6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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-06/23/98--01079--019
***150.00

14. I 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



JOHNNY TSIMOGIANNIS

4/29/98

205-262-5880

CR2E034 (10/97)