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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P96000060542 (3)

HAROCOPOS PROPERTIES, INC.

Principal Place of Business	Mailing Address			. 1881/1884 NA 1811/4 BINN BINN BRINN
2502 BAY BLVD 514 20TH AVENUE INDIAN ROCKS BEACH FL 33785 INDIAN ROCKS BEACH FL 34635 US		L 34635		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
				07/19/1996
2. Principal Place of Business 2a. Mailing Address			<u>-</u> -	4. FE! Number Applied For
21 2502 BAY BLVD.	OZ BAY BLYD 26			59-3394697 Not Applicable
Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22	27			Fee Required
City & State 23 INDIAN ROCKS BEACH	NDIAN ROCKS BEACH 28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country	Zip	Countr	У	This corporation owes or has paid the current year Intengible
24 33785 25	Address of Current Registered Agent			Personal Property Tax due June 30. Yes No
g, Name and Address of Current Registered Agent			Name	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY				
1201 HAYS STREET TALLAHASSEE FL 32301		82	Street A	ddress (P.O. Box Number is Not Acceptable)
TALLATIASSEE PL 32301		83	1	
			034	leel 7. Oak
,		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 obligations of, Section 607.0505, Florida Statutes. SIGNATURE				
Signature, typind or printed name of registered age		Registered Ag	ent signature re	equired when reinstating) DATE
12. OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	L DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME HAROCOPOS, LAMPROS STREET ADDRESS 514 20TH AVENUE		1.2 NAME		
MONEY DOORS DELONE TO ALCOH			T ADDRESS	
TITLE SD	DELETE	1.4 CITY-1 2.1 TITLE	Si-Zir	Change Addition
NAME HAROCOPOS, FRANCISCA		2.2 NAME		
STREET ADDRESS 514 20TH AVENUE			T ADDRESS	
MIDIAN DOOMS BELOW EL STATE			ST-ZIP	
TITLE	DELETE	3.1 T(TLE		Change Addition
NAME		3.2 NAME	1	
STREET ADDRESS		3.3 STREE	I ADDRESS	
CITY-ST-ZIP	Dipty ETC	3.4. CITY-	ST-ZIP	
TITLE	L] DELETE	4.1 TITLE		LJ Change L_ Addition
NAME		4. 2 NAME		
STREET ADDRESS		1	ADDRESS	1
CITY-ST-ZIP TITLE	DELETE	4 4 CITY-S	SI-ZIP	Change Addition
NAME		5.2 NAME	1	113/
STREET ADDRESS		5 3 STREET	ADDRESS	/i
CITY-ST-2IP		54 CITY-5		
TITLE	DELETE	6 1 TITLE		4000024829# Addition
NAME		6.2 NAME	- 1	400002462964 hange Addition -03/20/9801017013
STREET ADDRESS		6.3 STREET	ADDRESS	***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 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 supplied with this filing does not qualify for an an 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 or an atlachment with any oddress.

SIGNATURE:

CITY-ST-ZIP

3.14-91

813- 5963648

FILED

Mar 19 1998 8:00am

Secretary of State