

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

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000095388 (0)**

1. Corporation Name
MANOLIS, INC

Principal Place of Business

**2830 BUCIDA DR
SARASOTA FL 34232**

Mailing Address

**2830 BUCIDA DR
SARASOTA FL 34232-5439**



2. Principal Place of Business		2a. Mailing Address	
21 Venice BeachConce		26 Manolis Inc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 101 The Esplanade North		27 101 The Esplanade North	
City & State		City & State	
23 Venice, FL 34288		28 Venice, Florida	
Zip		Zip	
24 34285		29 34285	
Country		Country	
25 USA		30 USA	

3. Date Incorporated or Qualified
11/18/1996

3a. Date of Last Report

N/A

4. FEI Number
65-0710813

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MAKRIS, EMMANUEL
2830 BUCIDA DR
SARASOTA FL 34232**

10. Name and Address of New Registered Agent

81 Name

N/A

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

E Makris
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Emmanuel Makris	
STREET ADDRESS	101 The Esplanade North	
CITY-ST-ZIP	Venice, Florida 34285	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Maria Makris	
STREET ADDRESS	101 The Esplanade North	
CITY-ST-ZIP	Venice, Florida 34285	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Monika Makris	
STREET ADDRESS	101 The Esplanade North	
CITY-ST-ZIP	Venice, Florida 34285	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

Maria Makris Maria Makris

3/10/97

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CP2E034 (9/96)