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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000095524

GEORGE KAKOURIS VIDEOGRAPHY INC.

							1			IOLE BLOS LOBI	
Principal Place of Business Mailing Address											
1960 STICKNEY	PT RD	1960 STICKNEY PT RD	160 STICKNEY PT RD								
SUITE 201		SUITE 201					BO NOT MOITS IN THIS SPACE				
SARASOTA FL 34231		SARASOTA FL 34231			<u> </u>	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
						1					
							01/01/1997				
2. Principal Place of Business 2a. Mailing Address							FEI Number	Applied For			
21		26					65-0711153			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired				
City & State City & State						6.	Election Campaign Financing	\$5	.00	May Be	
23		28	28				Trust Fund Contribution Added to Fees				
Žip	Country Zip			Country			This corporation owes the current year	Intangible			
24	25	29	30				Personal Property Tax.				
9. Name and Address of Current Registered Agent						10.	Name and Address of New Register	ad Agent	··		
				81	Name						
KAKOURIS, GEORGE							O Devidence of the American				
1960 STICKNEY PT RD				82 Street Add			O. Box Number is Not Acceptable)				
SUITE 201				83			<u> </u>				
	ASOTA FL 34231						<u></u>				
OAID	1001111201201			84	City			85	Zip C	ode	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statu	ites, the a	bove	-named corp	poration	n submits this statement for the purpose pard of directors. I hereby accept the ap	or cnangır pointment	ng its i as red	egistered istered	
agent. I a	m familiar with, and accept the obl	ligations of, Section 607.0505, FI	orida Stat	utes.	ile corporat		, dia 200 1 1 1 1 1 2 2 3 2 3 2 3 2 3 2 3 2 3 2 3				
SIGNATURE							•			ł	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOT	E ⁻ Registered	Agent	signature requir						
12.	OFFICERS	AND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS				
TITLE	P DELETE 111		1.1 TITLE			•	☐ Cha	ange	Addition		
NAME	KAKOVRIS, GEORGE W 13		1.2 N/	1.2 NAME						ļ	
STREET ADDRESS	ARCH CHICKNEY DE DD CTE COA			1.3 STREET ADDRESS							
CITY-ST-ZIP	SARASOTA FL 34231		1.4 CITY-ST-Z								
TITLE			_	2.1 TITLE				☐ Cha	ange	Addition	
			- 1	2.2 NAME			*	_	-	_	
NAME				2.3 STREET ADDRESS							
STREET ADDRESS							•				
CITY-ST-ZIP				2.4 CITY-ST-ZIP				☐ Ch:	2000	Addition	
TITLE				31 TITLE					ariye	□ Mudilion	
NAME			3.2 N	AME						1	
STREET ADDRESS			3.3 S	REET	ADDRESS						
CITY-ST-ZIP			3.4. C	ITY-ST	-ZIP						
TITLE		☐ DELETE	4.1 ∏	TLE				☐ Ch	ange	☐ Addition	
NAME			4. 2 N	AME						1	
STREET ADDRESS			4.3 S	TREET	ADDRESS						
CITY-ST-ZIP											
TITLE				CITY-ST-ZIP				☐ Ch	ange	☐ Addition	
			5.2 N				2 4	· —	-		
NAME					ADDRESS						
STREET ADDRESS											
CITY-ST-ZIP	· .			ITY-ST	- LIP			☐ Ch:	anne	Addition	
TITLÉ		☐ DELETE	6.1 11						anye	☐ Madillou	
NAME			6.2 N	AME	į						

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90063 033 ***150.00