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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000029302 (1)

TEDDY PROTOPAPADAKIS, L.C.S.W., P.A.

## **FILED** Jan 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									- T TO DIADO AND IDAIL HOUR DOWN DOWN DOWN DOWN DOWN DOWN THE TOTAL FOR THE PART AND THE PART AN
1001 IVES DAIRY RD. SUITE 324. BLDG 4 MIAMI FL 33179					1031 IVES DAIRY RD. SUITE 324, BLDG 4 MIAMI FL 33179				DO NOT WRITE IN THIS SPACE
									3. Date incorporated or Qualified
2.	2. Principal Place of Business 28. Mailing Address								04/01/1997 4. FEI Number   Applied For
21	<del></del>			26	├─ <b>┐</b>				1050173434 Not Applicable
	Suite, Apt.	#, etc		Suite, A	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22				27	<del> </del>				Fee Required
23	City & State			— ·	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
	Zip Country			Zip					This corporation owes or has paid the current year Intangible
24		25 29 30			30	· · · · · · · · · · · · · · · · · · ·			
9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent
	PROTOPAPADAKIS, TEDDY							ne	
1031 IVES DAIRY RD, SUITE 324, BLDG 4						8:	2 Stre	Street Address (P.O. Box Number is Not Acceptable)	
	MI	AMI FL 331	79				3		
						B	<b>B4</b> 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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I horeby accept the appointment as reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE									
Signature, typod or printed name of registered agent and title it applicable (NCTE: Regist							geal signi	sture required	d when reinstating) DATE
12.		D	OFFICERS AI	ND DIRECTORS	DELETE	13. 1.1 TITLE		·- <del>-</del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAM	Į.	PROTOPAPADAKIS, TEDDY				1.2 NAME			C onlings Awardon
	EET ADDRESS	1031 IVES DAIRY RD, SUITE 324, BLDG 4				1.3 STREET ADDRESS		ss	
	-ST-ZIP		MIAMI FL 33179			1.4 CITY+ST-ZIP			
TITLE				DELETE		2.1 TITLE		1	Change Addition
NAME						2.2 NAME		[	
STREET ADDRESS						2.3 STREET ADDRESS		ss	
	-ST-ZIP			Diverse			2 4 CITY-S1-ZIP		
TITLE				DELETE		3.1 TITLE			☐ Change ☐ Addition
NAM	EET ADDRESS					3.2 NAME		,	
	-ST-ZIP					3.3 STREE 3.4. CITY		38	
TITLE			**		DELETE	4.1 TITLE	31-211		Change Addition
NAM	E					4. 2 NAM	ŧ	-	_
STREET ADDRESS						4.3 STREE	T ADDRE	ss	
CITY	- \$1 - ZIP					4.4 CITY-	ST-ZIP		
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NAM	E [					5.2 NAME			
STRE	EET ADDRESS					5.3 STREI	T ADDRE	SS	
	-ST-ZIP				DELEVE	5.4 CITY-	ST-ZIP	_	[-[A]
TITLE				ſ	DELETE	611IILE			Change Addition
NAM						6.2 NAME			1
	ET ADDRESS						6.3 STREET ADDRESS		
CITY	-ST-ZIP					6.4 CITY-	S1-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. 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 Statutos; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.