FILED Feb 20, 1999 8:00 am

Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700062919

ANDREW	COUNDOURI		P.A.				-				
Principal Place of Business Mailing Address							ļ				
2191 NINTH AVE N 2191 NINTH AVE N SUITE 270 SUITE 270											
SUITE 270 SUITE 270 SUITE 270 ST PETERSBURG FL 33713 ST PETERSBURG FL 33713								DO NOT WRITE IN THIS SPACE			
O) TETERODOM	3 / 2 3 3 · · · 3							Date Incorporated or Quali 07/18/1997	fed		
2 Principal Pla	ace of Business	2a. Mailing Address					FEI Number		Арр	lied For	
<u> </u>			26				!	59-3459175		Not	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				_	Certifcate of Status Desired	d 🗆	\$8.75 Ad	
22			27				J.			Fee Req	
City & State			City & State			6.	Election Campaign Financi	ng 🗆	\$5.00 N		
23			28				Trust Fund Contribution Added to Fees				
Zip	Co	untry	Zip		Country			This corporation owes the	current year In	tangible ☐ Yes 〔	□No
24	25		29	3	0			Personal Property Tax.	Desintered		
	9. Name and A	ddress of Curren	t Registered A	Agent	81	Name	10.	Name and Address of Ne	M Vediareser	Agent	
0011	NDOLIDIOTIC AL	IDDEM/			°'						
COUNDOURIOTIS, ANDREW					82	Street Ad	idress (P.	O. Box Number is Not Acc	eptable)		
2191 NINTH AVE N					00		 .				
SUITE 270					83				_		
ST PETERSBURG FL 33713					84	84 City			FI	85 Zip C	ode
								Luite this statement for	the purpose o	f changing its	registered
11. Pursuant office or reagent. I a	to the provisions of egistered agent, or m familiar with	Sections 607.050 both, in the State accept the obliga	2 and 607.1508 of Florida. Sucl itions of, Sectio	8, Florida Statutes h change was aut n 607.0505, Florid	i, the above horized by ta Statutes	the corpora	ation's bo	submits this statement for ard of directors. I hereby a	ccept the appo	pintment as reg	istered
CICNATURE	771 C	/			•	nt signature requ	/ / .Z	1 2000	DATE		
Signature, types or printed name of registered ag			nt and title if applicab	13.	it signature requ	A A	ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12	
12.	DPST	UPFICERS AN	ID DIRECTOR	☐ DELETE	1.1 TITLE			-		Change	☐ Addition
TITLE	COUNDOURIO	TIC ANTIDEW			1.2 NAME			•			
NAME	2191 NINTH A					TADDRESS					
STREET ADDRESS	ST PETERSBUI				1.4 CITY-S						
CITY-ST-ZIP	SI PETENSBUI	1G FL 337 13		DELETE	2.1 TITLE	1-41				☐ Change	Addition
TITLE				D 5202.1	2.2 NAME						
NAME !						T ADDRESS					
STREET ADDRESS					2.4 CITY-5	1		•			
CITY-ST-ZIP				DELETE	3.1 TITLE	J1-211.				Change	☐ Addition
TITLE				-	3.2 NAME						
NAME						T ADDRESS					
STREET ADDRESS					3.4. CITY-5						
CITY-ST-ZIP				DELETE	4.1 TITLE	-				Change	☐ Addition
TITLE				_	4, 2 NAME	Ì					
NAME					1	TADDRESS					
STREET ADDRESS					4.4 CITY-S						
CITY-ST-ZIP				DELETE	5.1 TITLE					Change	☐ Addition
TITLE				_	5.2 NAME						
NAME					5.3 STREE	T ADDRESS		•			
STREET ADDRESS					5.4 CITY-S						
CITY-ST-ZIP TITLE				☐ DELETE	6.1 TITLE	-			,,	Change	Addition
					6.2 NAME						
NAME					6.3 STREE	T ADDRESS					

14. I hereby certify that the information supplied with this filling 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 finual 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 of the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an analysis and address, with all other like empowered. CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Andrew Coundouriotis

(727)327 - 7611