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Apr 27 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000077824 (5)

1. Corporation Name

GREEK DEPOT, INC.

Principal Place of Business

4390 N FEDERAL HWY, SUITE 104
FT LAUDERDALE FL 33308

Mailing Address

4390 N FEDERAL HWY, SUITE 104
FT LAUDERDALE FL 33308

2. Principal Place of Business	2a. Mailing Address
21 200 S. FEDERAL HWY	26 200 S. FEDERAL
22 Suite, Apt. #, etc. BOCA RATON	27 Suite, Apt. #, etc. BOCA RATON
23 City & State FLORIDA	28 City & State FLORIDA
24 Zip 33432	29 Zip 33432
25 Country PALM BEACH	30 Country PALM BEACH

3. Date Incorporated or Qualified

09/08/1997

4. FEI Number

65-0782683

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

KOURTESIS, ANTHANASIOS
4390 N FEDERAL HWY, SUITE 104
FT LAUDERDALE FL 33308

200 S. FEDERAL HWY
BOCA RATON FL 33432

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	1.1 TITLE	
NAME	KOURTESIS, ATHANASIOS	1.2 NAME	
STREET ADDRESS	4390 N FEDERAL HWY, SUITE 104	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL 33308	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	KOURTESIS, ATHANASIOS	2.2 NAME	
STREET ADDRESS	4390 N FEDERAL HWY, SUITE 104	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL 33308	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 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 attached report with an address.

SIGNATURE:

April 15/98 (560)368-6030

CR2E034 (10/97)