

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90152 018 ***150.00

DOCUMENT # P97000093081

1. Corporation Name

NICHOLAS JAMES EXARHOS, INC.

Principal Place of Business

**560 JEFFERSON DRIVE STE 101
DEERFIELD BEACH FL 33442**

Mailing Address

**560 JEFFERSON DRIVE STE 101
DEERFIELD BEACH FL 33442**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1997

4. FEI Number

65-0790820

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **5327 SW 33rd Ave**

2a. Mailing Address

26 **5327 SW 33rd Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Ft. Lauderdale, Fl. 33312**

City & State

28 **Ft. Lauderdale, Florida**

Zip

24 **33312** 25 **USA**

Zip

29 **33312** 30 **USA**

9. Name and Address of Current Registered Agent

**EXARHOS, NICHOLAS J
560 JEFFERSON DRIVE STE 101
DEERFIELD BEACH FL 33442**

10. Name and Address of New Registered Agent

81 Name

EXARHOS, Nicholas J.

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

5327 SW 33rd Ave

83

84 City

Ft. Lauderdale, Florida

FL

85 Zip Code

33312

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

| | | |
|----------------|-------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | EXARHOS, NICHOLAS J | |
| STREET ADDRESS | 560 JEFFERSON DRIVE STE 101 | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | EXARHOS, NICHOLAS J. | |
| STREET ADDRESS | 5327 SW 33rd Ave | |
| CITY-ST-ZIP | Ft. Lauderdale, Florida 33312 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99

Date

954-967-9003

Daytime Phone #

CR2E034 (1/98)