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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000102243 (7)

AGEAN BREEZE, INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal Plac	OF DUSINESS	Mailing Address		
911-A GULF BREEZE PKWY. 911-A GULF BREEZE PKWY.			Υ.	
GULF BREEZE FL 88500 GULF BREEZE FL 98500			~/	DO NOT WIDITE IN THIS PRACE
	37261	32:	561	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
4 5		1		12/01/1997
2. Principal P	Place of Business	2a. Mailing Address	2 a Du	4. FEI Number Applied For
21/7//-/	9 Gulf Breeze Pkwy	1 26 111-17 GUH X	BREEZE PKY	UV 59-3480028 Not Applicable
Suite, Apt.	#, etc. <i>(</i>)	Suite, Apt. #, etc.		S Certificate of Status Desired
22		27		Fee Required
City & Stat	4.4	City & State	^.	6. Election Campaign Financing \$5.00 May Be
23 Gult	Breeze FL	28 Gulf Bree	<u> 20 1-L</u>	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 3350	61 25 USA		10 USM	Personal Property Tax due June 30. 🔲 Yes 🔣 No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
VARVOURIS, STAVROS N 81 Name				
AND A CHIEF PRESE DAILY				ddress (P.O. Box Number is Not Acceptable)
GULF BREEZE FL 32566				Soless (F.O. DOX Northbell is 1101 Acceptable)
			83	
			·	
			84 City	EL 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 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.				
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE				
	Signature typed or printed name of registered agen		Registered Agent signature re	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	1	☐ DELETE	1.1 TITLE	Change Addition
NAME	VARVOURIS, STAVROS N		1.2 NAME	
STREET ADDRESS	1745 FAIRCHILD ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504		1.4 CITY - ST - ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY - ST - ZIP			2.4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			a :	<u>}</u>
TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
i		בן טבנניג	· ·	C Change C Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 City-St-ZiP	
TITLE	•	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	•		5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	1
	certify that the information sumption with	h this filing does not qualify for		in Section 119 07(3Vi) Florida Statutes I further certify that the Information
14. Thereby 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				

the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address.