

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90160 016 \*\*\*150.00



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**

**DOCUMENT # P98000005117**

1. Corporation Name

**YIANNI'S RESTAURANT & SPORTS BAR INC.**



Principal Place of Business

Mailing Address

5929 MEMORIAL HWY  
TAMPA FL 33615

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TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/15/1998**

4. FEI Number

**59-3487344**

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARVANITIS, JOHN  
9605 NORTH 26TH ST.  
TAMPA FL 33612

81 Name

**JOHN ABRAMIS**

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

83 **9605 N. 26TH ST.**

84 City **TAMPA**

FL

85 Zip Code **33612**

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 **JOHN ABRAMIS** PIV/D **JOHN ABRAMIS**

(NOT Registered Agent signature required when reinstating)

DATE

**4-26-99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **ABRAMIS, JOHN**  
STREET ADDRESS **9605 N. 26TH ST.**  
CITY-STATE-ZIP **TAMPA FL 33612**

1.1 TITLE **PIV/D** ☒ Change ☐ Addition  
1.2 NAME **JOHN ABRAMIS**  
1.3 STREET ADDRESS **9605 N. 26TH ST.**  
1.4 CITY-STATE-ZIP **TAMPA, FL 33612**

TITLE **D** ☒ DELETE  
NAME **ARVANITIS, JOHN**  
STREET ADDRESS **9605 N. 26TH ST.**  
CITY-STATE-ZIP **TAMPA FL 33612**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

3.1 TITLE **T/S/D** ☐ Change ☒ Addition  
3.2 NAME **NICKY ABRAMIS**  
3.3 STREET ADDRESS **9605 N. 26TH ST.**  
3.4 CITY-STATE-ZIP **TAMPA, FL 33612**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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 307, 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:

**Nicky Abramis** Nicky ABRAMIS

**4/26/99**

Date

**(813)890-9059**

Daytime Phone #

CR2E034 (11/98)