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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90136 019 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000011073

1. Corporation Name
VOSKO PROPERTIES, INC.

Principal Place of Business
**802 NORTH BELCHER ROAD
CLEARWATER FL 33765**

Mailing Address
**802 NORTH BELCHER ROAD
CLEARWATER FL 33765**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1998

4. FEI Number
59-3505580

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 **2469 Enterprise Road**
Suite, Apt. #, etc.

22 **Suite B**

City & State

23 **Clearwater, Florida**

Zip

24 **33763**

Country

25 **U.S.A.**

2a. Mailing Address

26 **2469 Enterprise Road**
Suite, Apt. #, etc.

27 **Suite B**

City & State

28 **Clearwater, Florida**

Zip

29 **33763**

Country

30 **U.S.A.**

9. Name and Address of Current Registered Agent

**TINGIRIDES, STAVOS
802 NORTH BELCHER ROAD
CLEARWATER FL 33765**

10. Name and Address of New Registered Agent

81 Name

STAVROS TINGIRIDES

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

2469 Enterprise Road

83

Suite B

84 City

Clearwater

FL

85 Zip Code

33763

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]
Signature, typed or printed name of registered agent and title if applicable.

Stavros Tingirides, Esq.

3/1/99

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **DRIS, MICHAEL E**
STREET ADDRESS **802 NORTH BELCHER ROAD**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **D** ☐ DELETE

NAME **TINGIRIDES, STAVROS**
STREET ADDRESS **802 NORTH BELCHER ROAD**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **D** ☐ DELETE

NAME **PARIANOS, IRINI**
STREET ADDRESS **802 NORTH BELCHER ROAD**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **2469 Enterprise Road, Suite B**
1.4 CITY-ST-ZIP **Clearwater, Florida 33763**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **2469 Enterprise Road, Suite B**
2.4 CITY-ST-ZIP **Clearwater, Florida 33763**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **2469 Enterprise Road, Suite B**
3.4 CITY-ST-ZIP **Clearwater, Florida 33763**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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] **Michael E. Dris**

3/1/99 (727) 712-9121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)