07221999-90016-045-$550.00-$550.00

99.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 22, 1999 8:00 am
Secretary of State
07-22-1999 90016 045 ***550.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # P98000017636

1. Corporation Name

MAMA MARIA'S GREEK CUISINE, INC.

Principal Place of Business	Mailing Address
316 GRAND BLVD. TARPON SPRINGS FL 34689	316 GRAND BLVD. TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1998

2. Principal Place of Business	2a. Mailing Address
21 735 DODECANESE BLVD	26 735 DODECANESE BLVD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TARPON SPRINGS, FL.	City & State 28 TARPON SPRINGS, FL.
Zip 24 34689 Country 25 U.S.A.	Zip 29 34689 Country 30 U.S.A.

4. FEI Number — ☑ 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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KOURSIOTIS, MICHAEL JOHN
316 GRAND BLVD.
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name: MARIA KOURSIOTIS
82 Street Address (P.O. Box Number is Not Acceptable): 316 GRAND BLVD.
83
84 City: TARPON SPRINGS FL 85 Zip Code: 34689

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] DATE: 7/13/99
Signature of new registered agent and/or name of new registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		☐ DELETE	1.1 TITLE	PRESIDENT, C.E.O.	☐ Change ☑ Addition
NAME			1.2 NAME	MARIA KOURSIOTIS	
STREET ADDRESS			1.3 STREET ADDRESS	316 GRAND BLVD.	
CITY-ST-ZIP			1.4 CITY-ST-ZIP	TARPON SPRINGS, FL. 34689	
TITLE		☐ DELETE	2.1 TITLE	VICE PRESIDENT	☐ Change ☑ Addition
NAME			2.2 NAME	GEORGIA MEMISAKIS	
STREET ADDRESS			2.3 STREET ADDRESS	204 N. FLORIDA AVE.	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	TARPON SPRINGS, FL. 34689	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ 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		

CR2E034 (5/99)

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.

SIGNATURE: [signature] MICHAEL KOURSIOTIS — 7/13/99 — 727-942-9082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #