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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # P98000068354

GREEK ESCAPES, INC.

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

04-29-1999 90285 041 \*\*\*150.00



• .			
Principal Place of Business	Mailing Address		\$ 18811881 110 18181 18111 88111 88111 88111 88110 18180 11101 18180 11101 1
5317 CORTEZ COURT CAPE CORAL FL 33904	P.O. BOX <del>125/**</del>   10   CAPE CORAL FL 33910	247	DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualifed 08/03/1998
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
5317 Cortez Ct	26 PO Box 4-25	E 1013	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
City & State	City & State		6. Election Campaign Financing \$5.00 May Be
Cape Coral, FL	_ 28 _ Cape Coral	FI	Trust Fund Contribution Added to Fees
Zip Country	Zip		8. This corporation owes the current year Intangible
<sup>24</sup> 33904 <sup> 25</sup> USA		USA	Personal Property Tax.
9. Name and Address of Currer	nt Registered Agent	81 Nan	10. Name and Address of New Registered Agent
VALADOVIC MADV		Nan	
KALABOKIS, MARY 5317 CORTEZ COURT		82 Stre	eet Address (P.O. Box Number is Not Acceptable)
CAPE CORAL FL 33904		62	
CAPE CORAL PL 33904		83	-
		84 City	FL
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.			
(XY) $M$	- MAR		ABOKIS 1/27/99
SIGNATURE Signature, typed or printed rame of registered age		gistered Agent signatu	ture required when retinstating) DATE
12. OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	[] DELETE	1.1 TITLE	Change Addition
NAME		1.2 NAME	President 5317 Cortez Ct
STREET ADDRESS		1.3 STREET ADDRE	Panagiotis Kalabokis 33904
CITY-ST-ZIP	<u></u> .	1.4 CITY-ST-ZIP	7376
TITLE	☐ DELETE	2.1 TITLE	Vice President Change Addition
NAME		2.2 NAME	MARY KALABOKIS
STREET ADDRESS		2.3 STREET ADDRE	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	[ Cape (com), 1-6 33909]
TITLE	☐ DELETE	3.1 TITLE	Treasurer Change Addition
NAME		3.2 NAME	MARY KALABOKIS
STREET ADDRESS		3.3 STREET ADDRE	same
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4,1 TTLE	Secretary MARN Katabokis
NAME		4, 2 NAME	mace Katabokis
STREET ADDRESS		4.3 STREET ADDRE	ree l
CITY-ST-ZIP		4.4 CITY+ST-ZIP	SAME
TIFLE	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS	•	5.3 STREET ADDRE	ESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	Change Addition
NAME .		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRE	ESS
	•	t	1

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 suppliemental 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.

CR2E034 (11/98)