

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90005 014 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **P98000100200** ✓

1. Corporation Name

**IHOP OF CLEARWATER, INC.**

Principal Place of Business  
**22996 US HIGHWAY 19 NORTH  
CLEARWATER FL 33765-1863**

Mailing Address  
**22996 US HIGHWAY 19 NORTH  
CLEARWATER FL 33765-1863**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/01/1998**

2. Principal Place of Business  
**21 22996 US Hwy 19 n.**

2a. Mailing Address  
**26 22996 US Hwy 19 n.**

4. FEI Number  
**59-013545789**

Applied For  
☐ Not Applicable

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State  
**23 Clearwater Fl.**

City & State  
**28 Clearwater Fl.**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country  
**24 33765-1863 25 USA**

Zip Country  
**29 33765-1863 30 USA**

8. This corporation owes the current year Intangible Personal Property. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

81 Name

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

83

84 City

**FL** 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE  
NAME **COSTALAS, CHRISTINE**  
STREET ADDRESS **509 SOUTH GREENWOOD AVENUE**  
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE **VD** ☐ DELETE  
NAME **COSTALAS, DIMITRIOS**  
STREET ADDRESS **509 SOUTH GREENWOOD AVENUE**  
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE **S** ☐ DELETE  
NAME **COSTALAS, LANA**  
STREET ADDRESS **509 SOUTH GREENWOOD AVENUE**  
CITY-ST-ZIP **CLEARWATER FL 33756**

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  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **Demetrios**  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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.

SIGNATURE:

**D. AGNATHOS** **Demetrios COSTALAS** **7-2-99 (727) 725-8821**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

582878-90005-14

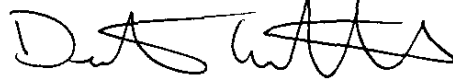
P98000/00200

To whom it may concern

I am writing this letter on behalf of IHOP OF CLEARWATER INC.  
For some reason I never received my first notice on filing fee, however I did receive my first notice at IHOP OF TARPON INC. which I paid promptly in January. Please except another check for the same amount of \$150.00 for IHOP OF CLEARWATER INC.

Thankyou

Demetrios Costalas vice president

A handwritten signature in black ink, appearing to read 'Demetrios Costalas', written over a horizontal line.