

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

AND
FILED

1997 SEP 17 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 1. Corporation Name	502520 <i>GIANNA Designs, Inc.</i>
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Principal Place of Business	Mailing Address
18089 Grove Ave. Boca Raton, FL 33498	← SAME

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified	3a. Date of Last Report
09/24/1990	08/01/1996
4. FEI Number	Applied For
65-0216725	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 has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
<i>GIANNI KOPULOS, Lucille</i> <i>18089 Grove Ave.</i> <i>Boca Raton, FL 33498</i>

10. Name and Address of New Registered Agent
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 filed if applicable) (NOT Registered Agent's signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<i>GIANNI KOPULOS, Lucille</i>
STREET ADDRESS	<i>18089 Grove Avenue</i>
CITY - ST - ZIP	<i>Boca Raton, FL</i>
TITLE	<input type="checkbox"/> DELETE
NAME	<i>PRST</i>
STREET ADDRESS	<i>GIANNI KOPULOS, Lucille</i>
CITY - ST - ZIP	<i>18089 Grove Avenue</i>
TITLE	<input type="checkbox"/> DELETE
NAME	<i>Boca Raton, FL</i>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: *Lucille Gianni Kopulos*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: _____ DAYTIME PHONE #: _____

CR2E034 (9/96)

ADDONED

(2)

To whom it may concern:

We have been away and our accountant was supposed to notify you that we should have our paper work sent to him. We have checked with his office and they have not received paperwork nor have we.

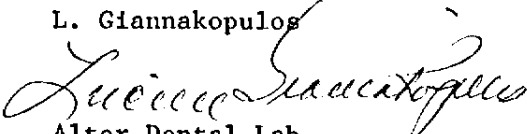
We did have our mail stopped for the time that we were gone and maybe everything went astray since, we have not received other important papers.

Per our phone conversation we have enclosed check in the amount of \$165.00. Thank you for any attention given to this matter.

Sincerely,

502520

L. Giannakopoulos



Alter Dental Lab.
Gianna Designs Inc.

P.S. I forgot to put check in for Gianna Designs....

Enclosed is check for \$165.00