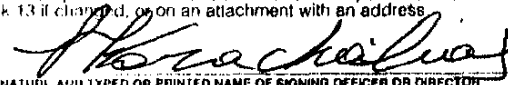


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S07981 1. Corporation Name I. K. KARACHALIAS, INC.					
Principal Place of Business 830 N. Dixie Hwy Lake Worth, FL 33460			Mailing Address 861-C N. Military Trail W. Palm Beach, FL 33415		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/19/1990	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0228527	
22 City & State		27 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent KARACHALIAS, IOANNIS 861-C N. Military Trail W. Palm Beach, FL 33415				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 _____ DATE _____					
12. PRES. OFFICERS AND DIRECTORS					
1.1. TITLE ☐ DELETE					
1.2. NAME IOANNIS KARACHALIAS					
1.3. STREET ADDRESS 861-C N. Military Trail					
1.4. CITY - ST - ZIP W. Palm Beach, FL 33415					
2.1. TITLE ☐ DELETE					
2.2. NAME					
2.3. STREET ADDRESS					
2.4. CITY - ST - ZIP					
3.1. TITLE ☐ DELETE					
3.2. NAME					
3.3. STREET ADDRESS					
3.4. CITY - ST - ZIP					
4.1. TITLE ☐ DELETE					
4.2. NAME					
4.3. STREET ADDRESS					
4.4. CITY - ST - ZIP					
5.1. TITLE ☐ DELETE					
5.2. NAME					
5.3. STREET ADDRESS					
5.4. CITY - ST - ZIP					
6.1. TITLE ☐ DELETE					
6.2. NAME					
6.3. STREET ADDRESS					
6.4. 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					
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					
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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 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:  4.21.97					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					