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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S19315 (8)

1. Corporation Name
PLAKA RESTAURANT, INC.



Principal Place of Business
769 DODECANESE BLVD.
TARPON SPRINGS FL 34689

Mailing Address
769 DODECANESE BLVD.
TARPON SPRINGS FL 34689-3131

3. Date Incorporated or Qualified 12/14/1990
3a. Date of Last Report 03/29/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3041614		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country					
25		30					

9. Name and Address of Current Registered Agent

DROSOS, CLAUDE
769 DODECANESE BLVD.
TARPON SPRINGS FL 34689
34689

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	Margeas John Sec, Treas.
NAME	MARGEAS, JOHN	1.2 NAME	
STREET ADDRESS	769 DODECANSES BLVD.	1.3 STREET ADDRESS	769 Dodecanes Blvd
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP	Tarpon Springs Fla 34689
TITLE	P	2.1 TITLE	
NAME	DROSOS, CLAUDE	2.2 NAME	
STREET ADDRESS	769 DODECANSES BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Arthur Sutula V.P.
NAME		3.2 NAME	538 E. Curlew Pl.
STREET ADDRESS		3.3 STREET ADDRESS	Tarpon Springs Fla 34689
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Phillip Drosos V.P.
NAME		4.2 NAME	1724 Painted Bunting Cr
STREET ADDRESS		4.3 STREET ADDRESS	Palm Harbor Fla 34683
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in 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, as changed, or on an attachment with an address.

SIGNATURE: Claude Drosos 1-23-97 813-934-4752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)