

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

FILED  
Jun 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **S36062**  
1. Corporation Name: **Arista Custom Homes Inc.**  
**3829 Louis Cir.**  
**Tarpon Springs, FL 34689**

Principal Place of Business: **3829 Louis Cir. Tarpon Springs, FL 34689**  
Mailing Address: **3827 Louis Cir Tarpon Springs, FL 34689**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>3827 Louis Cir.</b>	26 <b>3827 Louis Cir.</b>	<b>59-3051674</b>	Not Applicable
Suite, Apt # etc.	Suite, Apt # etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23 <b>Tarpon Springs, FL</b>	28 <b>Tarpon Springs, FL</b>		
Zip Country	Zip Country		
24 <b>34689 USA</b>	29 <b>34689 USA</b>		
30			

9. Name and Address of Current Registered Agent  
**Angeline Chaconas**  
**3827 Louis Cir.**  
**Tarpon Springs, FL 34689**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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: *Angeline Chaconas* **Angeline Chaconas** **5/19/98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<del>Chaconas, Gus N</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>3829 Louis Cir</del>	
STREET ADDRESS	<del>Tarpon Springs, FL</del>	
CITY-ST-ZIP		
TITLE	<b>P Chaconas, Angeline</b>	<input type="checkbox"/> DELETE
NAME	<b>3827 Louis Cir.</b>	
STREET ADDRESS	<b>Tarpon Springs, FL 34689</b>	
CITY-ST-ZIP		
TITLE	<b>S Madalvanos, Georgia</b>	<input type="checkbox"/> DELETE
NAME	<b>4620 Aegean Ave</b>	
STREET ADDRESS	<b>Holiday, FL 34690</b>	
CITY-ST-ZIP		
TITLE	<b>T Chaconas, Louis</b>	<input type="checkbox"/> DELETE
NAME	<b>3829 Louis Cir</b>	
STREET ADDRESS	<b>Tarpon Springs, FL 34689</b>	
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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

**600002549246**  
**-06/05/98--01085--004**  
**\*\*\*150.00**

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 officer 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 of this report with an address.

SIGNATURE: *Angeline Chaconas* **Angeline Chaconas pres** **5/19/98** **(813) 385873**  
*Georgia Madalvanos* **Georgia Madalvanos secy**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)