


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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90136 017 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S36062**

1. Corporation Name  
**ARISTA CUSTOM HOMES, INC.**

Principal Place of Business 3829 LOUIS CIR TARPON SPRINGS FL 34689 US	Mailing Address 3829 LOUIS CIR TARPON SPRINGS FL 34689 US
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DO NOT WRITE IN THIS SPACE

*moved next door*

2. Principal Place of Business 21 <b>3827 Louis Cir</b>	2a. Mailing Address 26 <b>3827 Louis Cir.</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country
25	30

3. Date Incorporated or Qualified <b>03/04/1991</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-3051674</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CHACONAS, ANGELINE**  
**3827 LOUIS CIRCLE**  
**TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent

81 Name <b>Madalvanos, Georgia</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3827 Louis Cir.</b>
83
84 City <b>Tarpon Springs</b> FL 85 Zip Code <b>34689</b>

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 *Georgia Madalvanos* **Georgia Madalvanos** **4/29/99**  
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	P	<input type="checkbox"/> DELETE
NAME	<b>CHACONAS, ANGELINE</b>	
STREET ADDRESS	<b>3829 LOUIS CIR</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>MADALVANOS, GEORGIA</b>	
STREET ADDRESS	<b>3829 LOUIS CIR</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>CHACONAS, LOUIS J</b>	
STREET ADDRESS	<b>3829 LOUIS CIR</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>3827 Louis Cir.</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>3827 Louis Cir.</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>3827 Louis Cir. last name</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Madalvanos, Zisisimos</b>
4.3 STREET ADDRESS	<b>P.O. Box 3463, 4840 Mile stretch</b>
4.4 CITY-ST-ZIP	<b>Holiday, FL 34690</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *Angeline Chaconas* **Angeline Chaconas** **4/29/99** **(727) 938 5873**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)