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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90046 047 ***150.00

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								3. Date Incorporated or Qualife	d		
								03/19/1991			
2. Principal Pl	ace of Business	2a	. Mailing Address			_	$\neg \uparrow$	4. FEI Number		Α	Applied For
···			26					65-0250472			lot Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.			_					Additional
22			27					5. Certifcate of Status Desired		Fee F	Required
City & State			City & State				$-\dagger$	6. Election Campaign Financing		\$5.00	May Be
23		28])	Trust Fund Contribution	' 🗆		to Fees
Zip	Country	— - *'	Zip	Cou	ntry		一十	8. This corporation owes the cu	rrent year Ir	tangible	
24	25	29		30			l	Personal Property Tax.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	□No
	9. Name and Address of Currer		stered Agent	1001				10. Name and Address of New	Registered	Agent	
					81	Name					
TAM	BOURATZIS, CONSTANTIN										
1266	S US HIGHWAY 1				82	Street A	Address	s (P.O. Box Number is Not Accep	itable)		
	O BCH FL 32960			İ	83						
72 1.	0 0011 / 11 00000			l							
					84	City			FI	85 Zip	Code
										_	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State)2 and (607.1508, Florida Stati ida, Such change was	ites, the al	bove-I	named o ne corpo	corpora ration's	ation submits this statement for the s board of directors. I hereby acc	e purpose o	n changing in intment as r	registered
agent. I a	m familiar with, and accept the obliga	ations o	f, Section 607.0505, F	lorida Statı	ites.			•			_
SIGNATURE											
SIGNATURE	Signature, typed or printed name of registered age			TE Registered		signature re	equired wi	hen reinstating)	DATE		
12.	OFFICERS AN		ECTORS	E Registered	Agent s	signature re	equired wi	hen reinstating) ADDITIONS/CHANGES TO C			
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14. 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 suppliemental annual report is true and accounts 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 or an attachment with an address, with all the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accounts and 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 or an attachment with an address, with all the information indicated on this annual report or suppliemental annual report is true and accounts.

SIGNATURE:

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