

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S49390** (5)
1. Corporation Name
MEGALOPOLIS, INC.



Principal Place of Business
**2810 STIRLING ROAD
HOLLYWOOD FL 33021**

Mailing Address
**2810 STIRLING ROAD
HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified
04/29/1991

3a. Date of Last Filing
05/01/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip
28 Country

4. FEI Number
65-0257838

5. Certificate of Status Desired ☐ **\$8.75** Fee

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** Add

8. This corporation has liability for intangible tax under Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**KOURGIANTAKIS, STAVROS
2810 STIRLING ROAD
HOLLYWOOD FL 33020**

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

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 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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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	PD	<input type="checkbox"/> DELETE
NAME	KOURGIANTAKIS, STAVROS	
STREET ADDRESS	2810 STIRLING ROAD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	<input type="checkbox"/> Change
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change
4.2 NAME	
4.3 STREET ADDRESS	700001807527
4.4 CITY-ST-ZIP	05/04/96--01003--020
5.1 TITLE	<input type="checkbox"/> Change
5.2 NAME	***200.00
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes; 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 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 it appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE: **X Kourgiantakis**

X 4/26/96 X