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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🛬

Secretary of State" DIVISION OF CORPORATIONS

1998

CUMENT # 11

Principal Place of Business Mailing Address 2980 N. Andreus 2980 N Andrews Ave Ft LAUderdale FL Ft Laudendale FL DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 1951 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 **しら・**٥፯ዓፄ ዓዛጉ Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zıp Country Zip Country 8. This corporation owes or has paid the current year intangible 24 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ·Name KARAliolios, Evangelos Street Address (P.O. Box Number is Not Acceptable) 2980 N Andrews 83 Ft Laudendale FL 33311 64 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 lamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature Type for protect care cof in general agent and liter if applicable (NOT: Registered Agent signature required when reinstating OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12 13. TITLE Addition Change KARAITOlios EVAngelos PRES-OWNE NAME 3232 NW 22 Ave STREET ADDRESS 1.3 STREET ADDRESS 33309 DAKIAND C/1Y - ST - ZIP 1.4 CiTY-ST-ZIP DELETE TITLE 21 TITLE Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZiP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

6.4 CI1Y - ST - ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this animal report or suppliered all animal 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 corporal on 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 31 if changed, or one attachment with an address.

4.4 CITY - \$1 - 7/P

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

€ 2 NAME

DELETE

DELETE

SIGNATURE:

DITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - 7/F

TITLE

NAME

E. Marchelos

954123-305

Addition

Addition

FILED

Apr 01 1998 8:00am

Secretary of State

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***150.00