

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

CORPORATION ANNUAL REPORT 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 MAY - 1 AM 9:45

DOCUMENT # **V06889** (2)
 1. Corporation Name
ATHENA FOODS, TWO, INC.

Principal Place of Business Mailing Address
2401 W. STATE RD. 434 SUITE 137 LONGWOOD FL 32779 **2401 W. STATE RD. 434 SUITE 137 LONGWOOD FL 32779**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2b		01/14/1992	05/01/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-3102114	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent
AFXENDIOU, ANDREAS
2401 W. STATE RD. 434 SUITE 137 LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name	NICHOLAS CHRYSOCHOS		
82 Street Address (P.O. Box Number is Not Acceptable)	1736 BUCKWOOD PLACE		
83			
84 City	ORLANDO	85 State	FL
		86 Zip Code	32825

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: NICHOLAS CHRYSOCHOS DATE: 4-30-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AFXENDIOU, ANDREAS	12 NAME	
STREET ADDRESS	2401 W. STATE RD. 434	13 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL	14 CITY - ST - ZIP	
TITLE	VT	21 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRYSOCHOS, NICHOLAS	22 NAME	CHRYSOCHOS NICHOLAS
STREET ADDRESS	2401 W. STATE RD. 434	23 STREET ADDRESS	1736 BUCKWOOD PLACE
CITY - ST - ZIP	LONGWOOD FL	24 CITY - ST - ZIP	ORLANDO, FL 32825
TITLE		31 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	VORNDRAN CHRIS
STREET ADDRESS		33 STREET ADDRESS	22 OLD POST ROAD
CITY - ST - ZIP		34 CITY - ST - ZIP	LONGWOOD, FL 32779
TITLE		41 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	ANN VORNDRAN
STREET ADDRESS		43 STREET ADDRESS	22 OLD POST ROAD
CITY - ST - ZIP		44 CITY - ST - ZIP	LONGWOOD, FL 32779
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

RENEWED BY MAY 1

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 110.07(3)(a), 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.

SIGNATURE: NICHOLAS CHRYSOCHOS DATE: 4/30/95 IDENTIFICATION NUMBER: 407-8950282