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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V20423

(2)

JOHN A	ND VOULA LIMPEROPOUL	` '				
Principal Place of Business Mailing Address					- I 1941 OLLOIS HOLL COLL OLDIO 1905 114 OFBU	CIÊND OPOU DION BION DIÓN HEBY
1781 KILLARNEY DR. WINTER PARK FL 32789		1781 KILLARNEY DR. WINTER PARK FL 32789		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 03/09/1992	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
1		26			59-3115080	Not Applicable
Suite, Apt	#, 9 1C.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	8	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip		untry	8. This corporation owes or has paid the	~
4	25	29	30		Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curren	nt Registered Agent		81 Name	10. Name and Address of New Register	red Agent
SIGNATURE					poration submits this statement for the purpos ation's board of directors. I hereby accept the	
	Signature, typed or printed name of registered age			ed Agent signature requ		
12. TITLE	OFFICERS AN	DELETE DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
NAME :	LIMPEROPOULOS, JOHN	_ btan				Change L Modes
NAME STREET ADDRESS	1781 KILLARNEY DR.,		1.2 h	TREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL			HTY-ST-ZIP		
TITLE	VPT	DELETE				Change Addition
NAME	LIMPEROPOULOS, VOULA		221			
STREET ADDRESS	1781 KILLARNEY DR.,		I	TREET ADDRESS	•	
CITY-ST-ZIP	WINTER PARK FL			CITY-ST-ZIP		
ITLE		DELETE			100	Change Addition
WME			3.2 M	IAME		
STREET ADDRESS			3.3 9	TREET ADDRESS		
CITY-ST-ZIP			3.4. (CITY-ST-ZIP		
TITLE		DELETE	4.1 T	ITLE		Change Addition
NAME			4.21	NAME		
STREET ADDRESS			4.3 5	TREET ADDRESS		
0077 67 70						

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 arnual 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 chapter 607, or on an attachypent with an address

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME 63 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE: Vacalor Sins eropouly

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

VP

4-26-98

Change

Change

Addition

Addition

FILED

May 04 1998 8:00am

Secretary of State