

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L21307 (8)**  
1. Corporation Name  
**VOULA AND NICKY, INC.**

Principal Place of Business Mailing Address  
**9204 N 30 ST TAMPA FL 33612** **9204 N 30 ST TAMPA FL 33612**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/05/1989** 3a. Date of Last Report **06/14/1994**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

4. FEI Number **59-2967866** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
6. This corporation has liability for intangible tax under S. 199.036, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ABRAMS, JOHN**  
**9605 N. 26TH ST.**  
**TAMPA FL 33612**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE John Abrams

4/28/95

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**  
NAME **ABRAMS, JOHN**  
STREET ADDRESS **9605 N. 26TH ST.**  
CITY - ST - ZIP **TAMPA FL**

TITLE **DT**  
NAME **KABOUGERIS, PETE**  
STREET ADDRESS **2119 CORTEZ ST.**  
CITY - ST - ZIP **TAMPA FL**

TITLE **V**  
NAME **KABOUGERIS, VOULA**  
STREET ADDRESS **2119 CORTEZ ST.**  
CITY - ST - ZIP **TAMPA FL**

TITLE **S**  
NAME **ABRAMS, NICKY**  
STREET ADDRESS **9605 N. 26TH ST.**  
CITY - ST - ZIP **TAMPA FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  Change  Addition  
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 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE: Nicky Abrams Nicky ABRAMS

4/28/95 (813) 932-6321