

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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90160 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000005117

1. Corporation Name
YIANNI'S RESTAURANT & SPORTS BAR INC.



Principal Place of Business Mailing Address
 5929 MEMORIAL HWY 5929 MEMORIAL HWY
 TAMPA FL 33615 TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	01/15/1998	
22	City & State	27	City & State	4. FEI Number	
23	Zip Country	28	Zip Country	59-3487344	
24	25	29	30	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ARVANITIS, JOHN 9605 NORTH 26TH ST. TAMPA FL 33612				81 Name	JOHN ABRAMIS		
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83	9605 N. 26TH ST.		
				84 City	TAMPA	85 Zip Code	FL 33612

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 ABRAMIS PIV/D JOHN ABRAMIS DATE: 4-26-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PIV/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMIS, JOHN	1.2 NAME	JOHN ABRAMIS
STREET ADDRESS	9605 N. 26TH ST.	1.3 STREET ADDRESS	9605 N. 26TH ST.
CITY-ST-ZIP	TAMPA FL 33612	1.4 CITY-ST-ZIP	TAMPA, FL 33612
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARVANITIS, JOHN	2.2 NAME	
STREET ADDRESS	9605 N. 26TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	T/S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	NICKY ABRAMIS
STREET ADDRESS		3.3 STREET ADDRESS	9605 N. 26TH ST.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TAMPA, FL 33612
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(i), 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 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nicky Abramis Nicky ABRAMIS Date: 4/26/99 (813) 890-9059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0400066

CR2E034 (11/98)