

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90277 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P98000010164

1. Corporation Name
ZEPPIERI ASSOCIATES, INC.



Principal Place of Business 2508 S. DIPLOMAT DRIVE MELBOURNE FL 32901	Mailing Address 2508 S. DIPLOMAT DRIVE MELBOURNE FL 32901
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3035 W New Haven Ave Suite, Apt. #, etc. 22 City & State 23 W Melbourne FL 24 Zip 32904 25 Country Brevard		2a. Mailing Address 26 3035 W. New Haven Ave Suite, Apt. #, etc. 27 City & State 28 W Melbourne FL 29 Zip 32904 30 Country Brevard		3. Date Incorporated or Qualified 01/26/1998	
4. FEI Number 59-3496095		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 type="checkbox"/> No					

9. Name and Address of Current Registered Agent ANDERSON, J. PATRICK 930 S. HARBOR CITY BOULEVARD SUITE 505 MELBOURNE FL 32901				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEPPIERI, ELIO		1.2 NAME		
STREET ADDRESS	2508 S. DIPLOMAT DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEPPIERI, GIORGIO		2.2 NAME		
STREET ADDRESS	2508 S. DIPLOMAT DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEPPIERI, ANGELA		3.2 NAME		
STREET ADDRESS	2508 S. DIPLOMAT DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEPPIERI, MARISA		4.2 NAME		
STREET ADDRESS	2508 S. DIPLOMAT DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901		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(3)(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 607, 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:  DATE: 4/23/99 4/1/99 (407)727-1220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)