FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90063 001 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L69350**

1. Corporation Name

CITY-ST-ZIP

EVREKIAN INVESTMENT CORPORATION

Principal Place of Business		Mailing Address							
1307 GULF WAY		1307 GULF WAY							
PASS-A-GRILLE		PASS-A-GRILLE			١,	DO NOT WRITE IN THIS SPACE			
ST. PETERSBURG FL 33706		ST. PETERSBURG FL 33706			Ì	3. Date Incorporated or Qualifed			
		T. a : 200 a 200 - 14 11	Acceptable the second			05/01/1990 -4: FEI Number			
2Principal PI	ace of Business	2a: Mailing Address				**			piled For
21		26				59-3018238			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 / Fee Re	
22		27							<u> </u>
City & State		City & State			i	6. Election Campaign Financing		\$5.00	
		28				Trust Fund Contribution		Added	o Fees
Zip	Country	Zip	-			8. This corporation owes the curre	ent year Int	Angrible Maryes	
24 25 29			Personal Property Tax. (All Yes 10. Name and Address of New Registered Agent				□No		
	9. Name and Address of Current	Registered Agent	—— 			10. Name and Address of New N	egisterea /	жделт	
		8	Nam	10					
	KOZ, TAKVOR		82 Street			s (P.O. Box Number is Not Accepta	ble)		
	GULF WAY, PASS-A-GRILLE	<u> </u>							
ST. F	PETE BEACH FL 33706		83						1
			خ ا	1 04				RE Zin /	Code
			84	1			FL		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abo	/e-name	ed corpor	ation submits this statement for the	purpose of	changing its	registered
office or re agent. I ar	egistered agent, or both, in the State o m familiar with, and accept the obligati	r Florida. Such change was autons of, Section 607.0505, Florid	nonzed b la Statute	y the co s.	rporation	s board of directors, i hereby accep	it tile appoi	illitelli 25 ie	Aizreien
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R				ent signatu	re required w	rhen reinstating)	DATE	D DIDEOTO	DO 101 40
12.	OFFICERS AND DIRECTORS		13.		- -	ADDITIONS/CHANGES TO OF	-ICERS AN	☐ Change	Addition
TITLE	PST	☐ DELETE	1.1 TITLE					☐ Cliailde	☐ Addigon [
NAME	EVRIKOZ, TAKVOR		1.2 NAME		İ				i
STREET ADDRESS	1307 GULF WAY		1.3 STRE	ET ADDRE	ss				
CITY-ST-ZIP	ST PETERSBURG BCH FL			ST-ZIP					
TITLE	VDC DELETE 2.1		2.1 TITLE		}			Change	☐ Addition
NAME	EVRIKOZ, TAKVOR				_				· · · · <u> , .</u>
STREET ADDRESS	The state of the s			2.3 STREET ADDRESS					}
CITY-ST-ZIP	ST PETERSBURG BCH FL		2. 4 CITY-	ST-ZIP					
TITLE				3.1 TITLE				Change	Addition
NAME		•	3.2 NAME						
STREET ADDRESS				T ADDRE	ss				1
			3.4. CITY-			•			\
CITY-ST-ZIP		DELETE	4.1 TITLE		+-			Change	Addition
			4. 2 NAME						_
NAME	-								Ì
STREET ADDRESS				ET ADORE	22				
CITY-ST-ZIP		O DELETE	4.4 CITY-		 -			Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME					☐ Griange	C) Vocation
NAME			•						į
STREET ADDRESS	·			ETADORE	55				
CITY-ST-ZIP			5.4 CITY-						
TITLE	•	☐ DELETE	6.1 TITLE		-[,		Change	☐ Addition }
NAME			6.2 NAME)
STREET ADDRESS			6.3 STRE	ET ADORE	ss				

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 officer or director of the corporation or the receiver or trustee empowered to Block 12 or Block 13 if changed, or on an attachment with argaddress, with **SIGNATURE**

6.4 CITY-ST-ZIP