

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


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99 OCT 14 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

653476

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000037676

1. Corporation Name
ZEREP CORPORATION



212199 90045017 \$150.00

Principal Place of Business
507 DONA AVE.
FT. WALTON BCH FL 32547

Mailing Address
507 DONA AVE.
FT. WALTON BCH FL 32547

No!

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/24/1998

4. FEI Number
59-3508446

5. Certificate of Status Desired \$6.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21. 605 Jones Lee Road
Suite, Apt. #, etc.

22. City & State
Ft Walton Beach, FL

23. Zip 32547 Country USA

24. 32547 25. USA 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country 29. 30.

9. Name and Address of Current Registered Agent
WHITNEY, BOBBY L JR.
1201 EGLIN PKWY
SHALIMAR FL 32579

10. Name and Address of New Registered Agent

81 Name Richard H Perez
82 Street Address (P.O. Box Number is Not Acceptable)
507 Dona Avenue
83
84 City Ft Walton Beach FL 95 Zip Code 32547

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 *[Signature]* President 1-11-99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D, P
NAME	PEREZ, RICHARD H	1.2 NAME	
STREET ADDRESS	507 DONA AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BCH FL 32547	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D, S, T
NAME	PEREZ, SANDRA M	2.2 NAME	
STREET ADDRESS	108704 HERITAGE HILLS DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKVILLE MD 20833	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
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TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 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 in an appointment with an address, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED

1-11-99

KE

CR2E034 (11/98)

Rejected in error in February