


FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90032 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																													
DOCUMENT # P98000067486																																																																																																															
1. Corporation Name VEZERTZIS MANAGEMENT, INC.																																																																																																															
Principal Place of Business 235 WEKIVA COVE DESTIN FL 32541		Mailing Address 235 WEKIVA COVE DESTIN FL 32541 85 North Eglin Parkway Fort Walton, FL.																																																																																																													
2. Principal Place of Business 21 85 N. Eglin Parkway Suite, Apt. #, etc. 22 Fort Walton, FL. City & State 23 32548 Zip 25 USA Country		2a. Mailing Address 26 85 N. Eglin Parkway Suite, Apt. #, etc. 27 Ft Walton, FL. City & State 28 32548 Zip 29 USA Country																																																																																																													
9. Name and Address of Current Registered Agent O'ROURKE, DANIEL C 807 HIGHWAY 98 EAST DESTIN FL 32541		10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																															
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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: Billy Vezertzis **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. 850-301-2992
 Date Daytime Phone #

CR2E034 (1/98)