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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1 2 3 EPM, INC. Principal Place of Business Mailing Address



2, Principal Pacce of Eusinoss 2a, Mailing Address 5 5 5 5 5 5 5 5 5	#304	Press Bend Dr. Beach Fl 33069-4494	#304	cypress be 10 beach fl						
Suffer Apt							3. Date Incorporated or Qualifi 11/14/1989	od 3a. Date	of Last F 14/20 /	995
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City & State Ci	21						00 0 100240			Not Applicable
Trust Fund Continution	Suite, Apt. # 22	, etc.	27				5. Certificate of Status Desired		•	-
Zep	City & State		├ ─┐	ate				⁹ 🗖		
9. Name and Address of Current Registered Agent MARTINEZ, RAMON 2771 N.W. 69 CT. FORT LAUDERDALE FL 33309 84 City FL 85 Zep Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's ubmits the statement for the purpose of changing its registered offer correlations ubmits the statement for the purpose of changing its registered offer correlations ubmits the statement for the purpose of changing its registered offer correlations ubmits the statement for the purpose of changing its registered offer correlations ubmits the statement for the purpose of changing its registered offer correlations upmits the statement for the purpose of changing its registered offer correlations upmits the statement for the purpose of changing its registered offer correlations upmits the statement for the purpose of changing its registered offer correlations upmits the statement for the purpose of changing its registered offer correlations upmits and the statement of the purpose of changing its registered offer correlations upmits and the statement of the purpose of changing its registered offer correlations upmits and the statement of the purpose of changing its registered offer correlations upmits and the statement of the purpose of changing its registered offer correlations upmits and the statement of the purpose of changing its registered offer correlations. 9.00.00.00.00.00.00.00.00.00.00.00.00.00		Country	Zip		Countr	y	8. This corporation has liability	for intangible tax	under s	199.032,
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MARTINEZ, RAMON 2771 N.W. 69 CT. FORT LAUDERDALE FL 33309 44 City FL 65 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I horeby accept the appointment as registered agent, and accept the obligations of Specific 607 0505. Florids Statutes. SIGNATURE AMAPINEZ, PASS SIGNATURE AMAPINEZ, RAMON 27 OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MARTINEZ, RAMON 2771 N.W. 69 CT. FT. LAUDERDALE FL 13. STREET ADDRESS CITY 51 JP 1044 1054 STREET ADDRESS CITY 51 JP 1044 1054 STREET ADDRESS CITY 51 JP 1044 1054 STREET ADDRESS CITY 51 JP 1045 STREET		9. Name and Address of Curr	ent Registered Age	int			10. Name and Address of Ne	w Registered A	gent	
## City ## Changes Chang					81	Name				
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11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered offer or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I horeby accept the appointment as registered offer familiar with, and accept the obligations of, Socions 607.0505, Florida Statutes. SKONATURE READ MARTINEZ PURS SKONATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14.45.78 11.11.11.11.11.11.11.11.11.11.11.11.11	FORT	LAUDERDALE FL 33309			83	'				
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further	CITY-S1-ZIP									

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.

SIGNATURE

RAMON