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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **L49146**

1. Corporation Name
EPS-III, INC.

Principal Place of Business	Mailing Address
% PHILIP E. MORGAMAN 1600 W. COMMERCIAL BLVD.. SUITE 1 FT LAUDERDALE FL 33309	C/O PHILIP MORGAMAN P.O. BOX 9088 FT. LAUDERDALE FL 33310

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

3. Date Incorporated or Qualifed: 02/12/1990

4. FEI Number: 65-0252924 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** 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

9. Name and Address of Current Registered Agent

CAMILLO, JOHN M.
1600 W. COMMERCIAL BLVD.
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name: JONES, MATTHEW T. ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 1600 W. COMMERCIAL BLVD.
83
84 City: FT. LAUDERDALE **FL** 85 Zip Code: 33309

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: [signature] MATTHEW T. JONES, Esq. DATE: 3/9/99
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	DP	☐ DELETE	1.1 TITLE	D/C	☒ Change ☐ Addition
NAME	MORGAMAN, PHILIP E.		1.2 NAME	MORGAMAN, PHILIP E.	
STREET ADDRESS	1600 W. COMMERCIAL BLVD.		1.3 STREET ADDRESS	1600 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33309	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	GADDIS, JESSE P		2.2 NAME	NICHOLS, NEAL	
STREET ADDRESS	1600 WEST COMMERCIAL BOULEVARD		2.3 STREET ADDRESS	3251 WASHINGTON BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		2.4 CITY-ST-ZIP	ARLINGTON, VA. 22201	
TITLE	P	☐ DELETE	3.1 TITLE	D/P	☒ Change ☐ Addition
NAME	STEPHENSON, MARK		3.2 NAME	STEPHENSON, MARK	
STREET ADDRESS	1600 WEST COMMERCIAL BOULEVARD		3.3 STREET ADDRESS	1600 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33309	
TITLE	SSVP	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	LEFEBVRE, PHILIP W		4.2 NAME	CAMILLO, JOHN M.	
STREET ADDRESS	1600 WEST COMMERCIAL BOULEVARD		4.3 STREET ADDRESS	221 W. OAKLAND. PK. BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33311	
TITLE	T	☐ DELETE	5.1 TITLE	D/V/S/T	☒ Change ☐ Addition
NAME	GARDNER, DEBORAH S		5.2 NAME	GARDNER, DEBORAH S.	
STREET ADDRESS	1600 WEST COMMERCIAL BOULEVARD		5.3 STREET ADDRESS	1600 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33309	
TITLE	VP	☒ DELETE	6.1 TITLE	D/V	☐ Change ☒ Addition
NAME	PAIKOFF, GARY		6.2 NAME	SPRUCE, WILLIAM D.	
STREET ADDRESS	1600 WEST COMMERCIAL BOULEVARD		6.3 STREET ADDRESS	1600 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		6.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33309	

CR2E034 (11/98)

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: SIGNATURE REQUIRED MARK STEPHENSON, PRESIDENT 3/9/99 (954)493-6565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EPS-III, INC.

475616-90017-29
L491146

ADDITIONAL OFFICERS:

Title:	V
Name:	Matthew T. Jones
Street Address:	1600 W. Commercial Blvd.
City-St-Zip:	Ft. Lauderdale, Florida 33309
Title:	V
Name:	Joseph A. Matteis
Street Address:	1600 W. Commercial Blvd.
City-St-Zip:	Ft. lauderdale, Florida 33309
Title:	V
Name:	Dennis Smith
Street Address:	1600 W. Commercial Blvd.
City-St-Zip:	Ft. Lauderdale, Florida 33309
Title:	V
Name:	Cheryl A. Smith
Street Address:	1600 W. Commercial Blvd.
City-St-Zip:	Ft. Lauderdale, Florida 33309
Title:	V
Name:	Gary D. Paikoff
Street Address:	1600 W. Commercial Blvd.
City-St-Zip:	Ft. Lauderdale, Florida 33309
Title:	V
Name:	Marilyn Peterson
Street Address:	1600 W. Commecial Blvd.
City-St-Zip:	Ft. Lauderdale, Florida 33309