

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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65 MAY 16 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000051103 (7)

1. Corporation Name:
EPIC GALLERY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **4328 CORPORATE SQUARE SUITE C NAPLES FL 33942**
Mailing Address: **4328 CORPORATE SQUARE SUITE C NAPLES FL 33942**

3. Date Incorporated or Qualified: **07/05/1994** 3a. Date of Last Report

2. Principal Place of Operations: **655 5th Ave. South** 2a. Mailing Address: **655 5th Ave South**

4. FEI Number: **65-0502144** Applied For: Not Applicable:

21. City & State: **Naples FL** 27. City & State: **Naples FL**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. Zip: **33940** 25. Country: **USA** 29. Zip: **33940** 30. Country: **USA**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**PINTER, MICHAEL R
4328 CORPORATE SQUARE
SUITE C
NAPLES FL 33942**

10. Name and Address of New Registered Agent:
81. Name: **PATRICK J DISTASIO**
82. Street Address (P.O. Box Number is Not Acceptable): **655 5th Ave. South**
84. City: **Naples** 85. Zip Code: **FL 33940**

11. Pursuant to the provisions of Sections 607.0802 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 provisions of Section 607.0915, Florida Statutes.

SIGNATURE: *Patrick J. Distasio, President* **PATRICK J. DISTASIO** 5/12/95

12. OFFICERS AND DIRECTORS:

1. NAME	D DISTASIO, PATRICK J
2. STREET ADDRESS	501 GOODLETTE RD N SUITE B204 NAPLES FL 33940
3. CITY	D OBRENTZ, EVAN J
4. STREET ADDRESS	501 GOODLETTE RD N SUITE B204 NAPLES FL 33940
5. CITY	
6. NAME	
7. STREET ADDRESS	
8. CITY	
9. NAME	
10. STREET ADDRESS	
11. CITY	
12. NAME	
13. STREET ADDRESS	
14. CITY	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1:

1. NAME	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS	655 5th Ave South Naples, FL. 33940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4. CITY	655 5th Ave South Naples, FL. 33940	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		
6. STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. CITY		
8. NAME		
9. STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. CITY		
11. NAME		
12. STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. CITY		

14. The filer hereby certifies that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(2)(b), Florida Statutes. I further certify that the information included 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 executor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that no name changes in Block 12 or Block 13 have changed as an officer or director with an address.

SIGNATURE: *Patrick J. Distasio, President* **PATRICK J. DISTASIO** 813-485-3742