

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Stacy B. Morhan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000051103 (7)**

1. Corporation Name
EPIC GALLERY, INC.



Principal Place of Business

655 5TH AVE., SOUTH
SUITE C
NAPLES FL 33940
US

Mailing Address

655 5TH AVE., SOUTH
SUITE C
NAPLES FL 33940
US

3. Date Incorporated or Qualified 07/05/1994	3a. Date of Last Report 05/16/1995
4. FEI Number 65-0502144	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

DISTASIO, PATRICK J
655 5TH AVE. SOUTH
SUITE C
NAPLES FL 33940

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	
85. Zip Code	FL

11. Pursuant to the provisions of Sections 607.0107 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 607.0506, Florida Statutes.

SIGNATURE

Signature of person providing information for this filing

Signature of Registered Agent (signature required when not filing)

(Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																								
<table border="1"> <tr> <td>12.1 NAME</td> <td>PD DISTASIO, PATRICK J</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>12.2 STREET ADDRESS</td> <td>655 5TH AVE., SOUTH NAPLES FL</td> <td></td> </tr> <tr> <td>12.3 CITY-STATE-ZIP</td> <td>DV OBRENTZ, EVAN J</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>12.4 NAME</td> <td>655 5TH AVE., SOUTH NAPLES FL</td> <td></td> </tr> <tr> <td>12.5 STREET ADDRESS</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>12.6 CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>12.7 NAME</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>12.8 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>12.9 CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>12.10 NAME</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>12.11 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>12.12 CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	12.1 NAME	PD DISTASIO, PATRICK J	<input type="checkbox"/> DELETE	12.2 STREET ADDRESS	655 5TH AVE., SOUTH NAPLES FL		12.3 CITY-STATE-ZIP	DV OBRENTZ, EVAN J	<input type="checkbox"/> DELETE	12.4 NAME	655 5TH AVE., SOUTH NAPLES FL		12.5 STREET ADDRESS		<input type="checkbox"/> DELETE	12.6 CITY-STATE-ZIP			12.7 NAME		<input type="checkbox"/> DELETE	12.8 STREET ADDRESS			12.9 CITY-STATE-ZIP			12.10 NAME		<input type="checkbox"/> DELETE	12.11 STREET ADDRESS			12.12 CITY-STATE-ZIP			<table border="1"> <tr> <td>13.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>13.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>13.3 STREET ADDRESS</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>13.4 CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>13.5 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>13.6 NAME</td> <td></td> <td></td> </tr> <tr> <td>13.7 STREET ADDRESS</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>13.8 CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>13.9 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>13.10 NAME</td> <td></td> <td></td> </tr> <tr> <td>13.11 STREET ADDRESS</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>13.12 CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.2 NAME			13.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.4 CITY-STATE-ZIP			13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.6 NAME			13.7 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.8 CITY-STATE-ZIP			13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.10 NAME			13.11 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.12 CITY-STATE-ZIP		
12.1 NAME	PD DISTASIO, PATRICK J	<input type="checkbox"/> DELETE																																																																							
12.2 STREET ADDRESS	655 5TH AVE., SOUTH NAPLES FL																																																																								
12.3 CITY-STATE-ZIP	DV OBRENTZ, EVAN J	<input type="checkbox"/> DELETE																																																																							
12.4 NAME	655 5TH AVE., SOUTH NAPLES FL																																																																								
12.5 STREET ADDRESS		<input type="checkbox"/> DELETE																																																																							
12.6 CITY-STATE-ZIP																																																																									
12.7 NAME		<input type="checkbox"/> DELETE																																																																							
12.8 STREET ADDRESS																																																																									
12.9 CITY-STATE-ZIP																																																																									
12.10 NAME		<input type="checkbox"/> DELETE																																																																							
12.11 STREET ADDRESS																																																																									
12.12 CITY-STATE-ZIP																																																																									
13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																							
13.2 NAME																																																																									
13.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																							
13.4 CITY-STATE-ZIP																																																																									
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																							
13.6 NAME																																																																									
13.7 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																							
13.8 CITY-STATE-ZIP																																																																									
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																							
13.10 NAME																																																																									
13.11 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																							
13.12 CITY-STATE-ZIP																																																																									

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 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 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: *Patrick J. Distasio* President [PATRICK J DISTASIO, Pres.] 1/20/96 941-435-3742

CR2E034 (12/95)