FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

SUITE C

655 5TH AVE., SOUTH

NAPLES FL 34102-6601

PROFIT CORPORATION ANNUAL REPORT **1997**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortharty

FILED

May 16 1997 8:00am

Secretary of State

3a. Date of Last Report

02/27/1996

3. Date Incorporated or Qualified

07/05/1994

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000051103 (7)

EPIC GALLERY, INC.

Principal Place of Business

SIGNATURE:

655 5TH AVE.. SOUTH

NAPLES FL 33940

SUITE C

2. Principal F	lace of Business	2a. Malling Addre	SS		4. FEI Number	Applied For
21		26			65-0502144	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, 6	etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State			6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζip	Country	Zip	Cour	ntry	8. This corporation has liability for intangible	tax under s. 199.032,
24	25	29	30		Florida Statutes Yes	
Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent
DISTASIO, PATRICK J				81 Name		
655 5TH AVE. SOUTH				82 Street A	ddress (P.O. Box Number is Not Acceptable)	
SUITE C						
NAPLES FL 35040				83		
				84 City	4	Zip Code
					- It	F 34/02
11, Pursuant	to the provisions of Sections 607.050	2 and 607, 1508, Florida	a Statutes, the ab	ove-named c	corporation submits this statement for the purpose of	f changing its registered
onice or ₄agent. La	registered agent, or both, in the Stale am familiar with, and accept the obliga	ations of, Section 607.0	je was authorized 505, Florida Stati	ates.	oration's board of directors. I hereby accept the app	Johnsteil 92 reflisteted
SIGNATURE	, · ·					
SIGNATURE	Signature, typed or portion name of registered age	nt and title if applicable	(NOTE: Registered	Agent signature re	equired when reinstating) DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AN	
TILE	PD	☐ D£L	ETE 11 TO	LE		Change Addition
NAME	DISTASIO, PATRICK J		1.2 NA	ME		
STEFFET ADORESS	655 5TH AVE., SOUTH		1.3 ST	REET ADDRESS		
City-SI-ZiP	NAPLES FL 34107		1.4 CI	ry-ST-ZIP		
UNE	DV	DEL				Change Addition
NAME	OBRENTZ, EVAN J		2.2 NA	MÊ		
STREET ADDRESS	ACC CT14 415 AA17711		23 ST	REET ADDRESS	•	
CITY ST-ZIP	NAPLES FL 34102			TY-ST-ZIP		
Tifut	1-1-1-1-1	DEL				Change Addition
NAME			3,2 NA	1		_ • –
STREET ADORESS				REET ADDRESS		
CHY S1-ZIP	1			TY-ST-ZIP		
TIFLE		DEL				Change Addition
NAME		b	4.2 N			Many County Control of the Control o
	\			REET ADDRESS		
STREET ADDRESS				ŀ		
CITY-ST-ZiP TiTLE		DEL		TY-ST-ZIP		Change Addition
	\	L P	52 NA		·	Em outube Em receion
NAME						
STREET ADORESS				REET ADDRESS		
CITY - S7 - 71P		DEL		Y-ST-ZIP		Change Addition
TIFLE				1		Fit custific Fit was (ID()
NAME			6.2 NA			
STREET ADDRESS	{		1	REET ADDRESS		
CITY - SI - ZIP		alal. al. 2. EV		TY-ST-ZIP	ot all Contine 440 07/0/65 51-14- 011-1-	and the the
14. I do her€ informati	ony certity that the information supplied on indicated on this angual report or s	o with this filing does h supplemental annual re	or quality for the port is true and a	exemption sta accurate and t	ated in Section 119.07(3)(i), Florida Statutes. I furthe that my signature shall have the same legal effect a	or certify that the us if made under cath: that
Lancan	officer or director of the corporation of	the receiver or trustee	empowered to e	xecute this re	port as required by Chapter 607. Florida Statutes:	and that my name