

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

0072821

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # P97000103281**

1. Corporation Name  
**EPI XIV, INC. EPI Osceola, Inc.**



Principal Place of Business      Mailing Address  
**250 INTERNATIONAL PKWY**      **250 INTERNATIONAL PKWY**  
**SUITE 150**      **SUITE 150**  
**HEATHROW FL 32746**      **HEATHROW FL 32746**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
**12/08/1997**

4. FEI Number      Applied For  
**59-3485969**      Not Applicable

5. Contribution of Status Desired            **\$8.75** Additional  
Fec 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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**SELBY, C. THOMAS**  
**250 INTERNATIONAL PKWY**  
**SUITE 150**  
**HEATHROW FL 32746**

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

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, typed or printed name of new registered agent and, if applicable,

DATE For subject Agent, corporation, and directors, if applicable.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	[ ] DELETE
NAME	<b>SELBY, C. THOMAS</b>	
STREET ADDRESS	<b>250 INTERNATIONAL PKWY STE 150</b>	
CITY-ST-ZIP	<b>HEATHROW FL 32746</b>	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
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CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	[ ] Change    [ ] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[ ] Change    [ ] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Change    [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] Change    [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change    [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change    [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

**200002796752--8**  
**-03/05/99--01120--003**  
**\*\*\*\*150.00    \*\*\*\*150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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: *C. Thomas Selby*      **C. Thomas Selby**      **3-1-99**      **(407) 333-1604**

CR2E034 (11/98)