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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

353212

(4)

EPIC HOLDING CORP.

APPROVED AND FILED

1996 APR 19 AM 11: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

|--|--|--|

Principal Place of Business C/O HERBERT B. NOBLE 2150 SANS SOUCI BLVD., APT. 202 NORTH MIAMI FL 33181		Mailing Address	Mailing Address C/O HERBERT B. NOBLE 2150 SANS SOLICI BLVD., APT. 202 NORTH MIAMI FL 33181			1191 BISI) BISI	B1811 E181	II #1811 BIB(I ISB)	
		2150 SANS SOUCH E							
		NURTH MIAMI PL 33			3. Date Incorporated or Qualified 10/01/1969 3a. Date of Last Report 02/01/1995				
2. Principal Piac	ce of Business	2a. Maling Address			4, FEI Number			Applied For	
21		26			59-1435398			Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.	- Tr		5. Certificate of Status Desired			5 Additional Required	
City & State		City & Stale	————·		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip Country		Z _(P)	Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes				
	9. Name and Address of Curr				10. Name and Address of New R	egistered A	gent		
			8	Name					
BELOFF, JOHATHAN D. 701 BRICKELL AVENUE, 19TH FLOOR		8:	82 Street Address (P.O. Box Number is Not Acceptable)						
MAMIF		n	8	3					
WWW ATTER	L 60101		84	1 City	ALAMAN W.	FL	85 Z	ip Code	
familiar with SIGNATURE	n, and accept the obligations of Si agrance, typed or protest rank of registered as	ection 607.0505, Florida Statute	Killi Heysterod A)			[;A ^T E			
12.	OFFICERS A	AND DIRECTORS	13.	~~~~	ADDITIONS/CHANGES TO OFF				
TITLE	PSD	☐ DELETE	1.1 1010			L] Change	Addition	
NAME	NOBLE, HERBERT B.		1.2 NAME	i					
STREET ADDRESS	4800 DUFFERIN STREET			ET ADDRESS					
CITY-ST-ZIP	TORONTO, ONTARIA CA	☐ DELFTE	2 1 TITLE			<u></u>) Change	☐ Addition	
TITLE	T NODIE HEDDENT D		2.2 NAME			٠) ondings		
NAME STREET ADDRESS	Noble, Herbert B. 4800 Dufferin Street			er Address					
CITY-ST-ZIP	TORONTO, ONTARIA CA		24 Cl'Y-						
TITLE	JUNIONIO, UNIANIA DA	☐ DELETE	3 1 TITE] Change	Add tion	
NAME		—	3 2 NAMI	:					
STREET ADORESS			3 3 STRE	ET ADDRESS					
CITY-ST-ZIF			3.4 City	- ST - ZIF)()1 <u>.</u>	287	ZOBO —Myddition	
TITLE		☐ DELETE	4 1 TIILI	:	-04/19/	′960H	10,3650	— 117 odition	
NAME			4.2 NAM	1	****20	0.00	***	200.00	
STREET ADDRESS				FT ADDRESS					
CITY-ST-ZIP		Fineer	4.4.0ITY				Change	Addition	
TITLE		☐ DELETE	5 1 T:TL			Ļ) viidings	L Named	
NAME OXOGE LODGEGG			5.2 NAM						
STREET ADDRESS			5.3.51HE 5.4.C-TY	FT ADDRESS					
CHTY-ST-ZIP Totle		DELETE	5.4 C-1Y) Change	Addition	
NAME			6.2 NAM			_		ົດ .	
STREET ADDRESS				ET ADDRESS				15% al	
CITY-ST-ZIP			6.4 CHY					ran	
14. I do hereb	v certify that the information supplie	edwith this filma is valuntarily fu	rnished and do	es not qualify	for the exemption stated in Section 119	07(3)(k), Flor	ida Stati	utes. 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 charged, or on an attachment with an articles.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JM 31/96 (305) 8936920