

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 505471 (3)

1. Corporation Name
EPIC COMMUNITIES, INC.



Principal Place of Business
9199 Nakoma Way
~~7301 COMMERCIAL WAY STE 0~~
BROOKSVILLE FL 34613

Mailing Address
9199 Nakoma Way
~~7301 COMMERCIAL WAY STE 0~~
BROOKSVILLE FL 34613

3. Date Incorporated or Qualified 06/17/1976	3a. Date of Last Report 04/04/1995
4. FEI Number 59-1676764	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 type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

SEMET, BARRY
201 ALHAMBRA CIRCLE, 8TH FLR
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** **85** Zip Code

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 in block of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning.) **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIMERCURIO, SALVATORE	12 NAME	
STREET ADDRESS	7301 COMMERCIAL WAY STE 0 9199 Nakoma Way	13 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	14 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIMERCURIO, MARY JO	22 NAME	
STREET ADDRESS	7301 COMMERCIAL WAY STE 0	23 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	24 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAN, FLORENCE	32 NAME	
STREET ADDRESS	7301 COMMERCIAL WAY STE 0 9199 Nakoma Way	33 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	34 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAN, FLORENCE	42 NAME	
STREET ADDRESS	7301 COMMERCIAL WAY STE 0 9199 Nakoma Way	43 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address

SIGNATURE: **encurmo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-96 352 596 7300

CR2E034 (3/96)