

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **557202** (9)

1. Corporation Name

EPSICON, INC.



Principal Place of Business

Mailing Address

**160 S W 12TH AVENUE
SUITE 103
DEERFIELD BEACH FL 33442**

**160 S W 12TH AVENUE
SUITE 103
DEERFIELD BEACH FL 33442**

3. Date Incorporated or Qualified **01/03/1978** 3a. Date of Last Report **04/24/1995**

4. FEI Number **59-1863970** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **466 SW 12TH Ave.**

26 **466 SW 12TH Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **BLDG 2**

27 **BLDG 2**

City & State

City & State

23 **Deerfield Beach, FL**

28 **Deerfield Bch, FL**

Zip

Zip

24 **33442**

29 **33442**

Country

Country

25 **Drowald**

30 **Drowald**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORSO, PHILIP P.
160 SW 12 AVE #105
DEERFIELD BCH, FL
33442**

81 Name **SAME**
82 Street Address (P.O. Box Number is Not Acceptable) **466 SW 12TH Ave**
83 **BLDG 2**
84 City **Deerfield Beach** FL 85 Zip Code **33442**

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **CORSO, PHILIP**
STREET ADDRESS **160 S W 12TH AVENUE #105**
CITY-ST-ZIP **DEERFIELD BCH, FL 00000**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **CORSO, PHILIP**
1.3 STREET ADDRESS **466 SW 12TH Ave, BLDG 2**
1.4 CITY-ST-ZIP **Deerfield Beach, FL 33442**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Philip P. Corso (Philip P. Corso)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 (954) 428-8108
Date Daytime Phone #

CR2E034 (12/95)