

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -7 AM 11: 59

DOCUMENT # 622740 (9)

1. Corporation Name

EPIC ENTERPRISES, INC.

Principal Place of Business

**185 NE 2ND AVENUE
DEERFIELD BEACH FL 33441**

Mailing Address

**185 NE 2ND AVENUE
DEERFIELD BEACH FL 33441**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/23/1979

3a. Date of Last Report

02/08/1994

4. FEI Number

59-1924928

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

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZAUERKA, PETER
3901 N FEDERAL HWY
BOCA RATON FL 33431**

81 Name

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

824 S.E. 8th Ave.

83

84 City **Deerfield Beach**

FL

85

Zip Code
33441

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

3-31-95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restate[ing])

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	STOPPEL, LEONARD C.
STREET ADDRESS	950 S.W. 20TH CT.
CITY - ST - ZIP	DELRAY BEACH, FL 00000
TITLE	SD
NAME	BAGGS, LORRAINE M.
STREET ADDRESS	601 MAYPOP CT.
CITY - ST - ZIP	BOCA RATON, FL 00000
TITLE	PD
NAME	BAGGS, BRIAN R.
STREET ADDRESS	601 MAYPOP CT.
CITY - ST - ZIP	BOCA RATON, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	8989 N.W. 70th Court
2.4 CITY - ST - ZIP	Parkland, Florida 33067
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	8989 N.W. 70th Court
3.4 CITY - ST - ZIP	Parkland, Florida 33067
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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: **Lorraine Baggs LORRAINE BAGGS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/95

305-421-6526