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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

697661

(7)

E.P.M. CORP.

٧.

Principal Place of Business	Mailing Address				
12327 NW 35 ST CORAL SPRINGS FL 33065	12327 NW 35 ST CORAL SPRINGS FL 33065				

FILED Jan 22 1998 8:00am Secretary of State



12327 NW 35 ST					DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 08/05/1981					
2. Principal Place of Business 2a, Mailing Address				4. FEI Number		Арр	lied For			
3000 N UNIVERSITY DR. 26 3000 N UNIVERSITY		SITY D	R	59-2115787		Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			- \$8.75 Addi			dditional		
22 SUITE D		27	SUITE D			5. Certificate of Status Desired Fee Required			uired	
City & State City & State			•		6. Election Campaign Financing \$5.00 May			May Be		
23 CORAL S	CORAL SPRINGS FL 28 CORAL SPRINGS FL				Trust Fund Contribution Added to Fees					
Zip	Country		Zip Country			8. This corporation owes or has paid the current year Intangible				
24 33065	25 US	29	33065	30	US		Yes No			
	g. Name and Address of Curr	ent Regis	stered Agent			10. Name and Address of New Registered	Agent			
HA	VRPER, JESS J				B1 Name					
	80 NW 83RD DR				82 Street Add	Iress (P.O. Box Number is Not Acceptable)				
•	ORAL SPRINGS FL 33065					,				
					83					
					B4 City		85	Zip Co	nde	
					84 City	FL	_	Zip O	ouc	
l office or red	the provisions of Sections 607.0 gistered agent, or both, in the Sta familiar with, and accept the obl	ite of Filori	ida. Such change was	authorize	d by the corpora	poration submits this statement for the purpose of ation's board of directors. I hereby accept the ap	of chang pointme	jing its inl as re	registered egistered	
SIGNATURE _			(A)	Tr. Domintorn	d Agent signature requ	uired when reinstating) DATE				
	Ignature, typed or printed name of registered a OFFICERS A		w	13.	ti Ageni signature requ	ADDITIONS/CHANGES TO OFFICERS AN	D DIRE	CTORS	S IN 12	
12.	S	IND DITE	DELETE	1.1 T	TLF.	ADDITIONS/OFF/AIGES TO OFF TOETS FOR	☐ Ch		Addition	
	HARPER, SUSAN			1.2 N				٠	_	
NAME	-				Į.					
STREET ADDRESS	1880 NW 83RD DR	1			IREET ADDRESS					
CITY-ST-ZIP	CORAL SPRGS, FL 33071	<u> </u>	DELETE	1.4 C	ITY-S1-ZIP		TT CE	nange	Addition	
TITLE	r HADDED IEDO				1			age		
NAME	HARPER, JESS			2.2 N						
STREET ADDRESS	1880 NW 83RD DR				TREET ADDRESS					
CITY-ST-ZIP	CORAL SPRGS, FL 33071	<u> </u>	T or ere		CITY - S1 - ZIP		☐ Ch		Addition	
TITLE	VP		☐ DELETE	3.1 î			L., OI	ariye	E. J. Addition	
NAME	SPECHT, J.F.	_		3.2 N						
STREET ADDRESS	833 W. WINTER PARK ST			3.3 S	TREET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32804			_	CITY - ST - ZIP				(Autor)	
TITLE	VP		☐ DELETE	4.1 T	ITLE		∐ Ch	ange	Addition	
NAME	HAWKINS, HAROLD			4.21	łame					
STREET ADDRESS	280 N.W. 93 RD AVE.			4.3 S	TREET ADDRESS					
CITY-ST-ZIP	CORAL SPRGS, FL 33071	<u> </u>		4.4 0	ITY-ST-ZIP					
TITLE			☐ DELETE	5.1 T	TLE			ange	Addition	
NAME				5.2 N	AME					
STREET ADDRESS				53 S	TREET ADDRESS					
CITY-ST-ZIP				5.4 0	ITY-ST-ZIP					
TIFLE			DELETE	6.1 T			Cr	iange	Addition	
NAME				6.2 N	AME					
STREET ADDRESS					TREET ADDRESS					
l l					ITY-ST-ZIP					
CITY-ST-ZIP		with this	Clina doos not qualify			Section 119 07(3)(i) Florida Statutes I further of	ertify 15	at the i	information	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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.

the Hunne

1/0/00

(001) 2114-6222