

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 # F12017 (2)

1. Corporation Name

EPICURE INTERNATIONAL, INC.



Principal Place of Business

12300 TAMiami TRAIL NORTH  
NAPLES FL 33963-1695

Mailing Address

12300 TAMiami TRAIL NORTH  
NAPLES FL 33963-1695

3. Date Incorporated or Qualified  
12/18/1980

3a. Date of Last Report  
06/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

30

4. FEI Number

59-2078048

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEYSER, A. JAMES  
12300 TAMiami TRAIL NORTH  
NAPLES FL 33963-1695

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 by and/or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME  
PD  
KEYSER, A. JAMES  
12300 TAMiami TRAIL NORTH  
NAPLES FL 33967

☐ DELETE

13.1 TITLE  
13.2 NAME  
13.3 STREET ADDRESS  
13.4 CITY - ST - ZIP

☐ Change ☐ Addition

12.2 NAME  
12.3 STREET ADDRESS  
12.4 CITY - ST - ZIP

☐ DELETE

13.5 TITLE  
13.6 NAME  
13.7 STREET ADDRESS  
13.8 CITY - ST - ZIP

☐ Change ☐ Addition

12.3 NAME  
12.4 STREET ADDRESS  
12.5 CITY - ST - ZIP

☐ DELETE

13.9 TITLE  
13.10 NAME  
13.11 STREET ADDRESS  
13.12 CITY - ST - ZIP

☐ Change ☐ Addition

12.4 NAME  
12.5 STREET ADDRESS  
12.6 CITY - ST - ZIP

☐ DELETE

13.13 TITLE  
13.14 NAME  
13.15 STREET ADDRESS  
13.16 CITY - ST - ZIP

☐ Change ☐ Addition

12.5 NAME  
12.6 STREET ADDRESS  
12.7 CITY - ST - ZIP

☐ DELETE

13.17 TITLE  
13.18 NAME  
13.19 STREET ADDRESS  
13.20 CITY - ST - ZIP

☐ Change ☐ Addition

12.6 NAME  
12.7 STREET ADDRESS  
12.8 CITY - ST - ZIP

☐ DELETE

13.21 TITLE  
13.22 NAME  
13.23 STREET ADDRESS  
13.24 CITY - ST - ZIP

☐ Change ☐ Addition

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:

A. JAMES KEYSER

1/19/96

941-597-3017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)