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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F12017 1. Corporation Name

EPICURE INTERNATIONAL, INC.

Principal Place of Business Mailing Address						,, .,.,,		
				•				
12300 TAMIAMI TRAIL NORTH 12300 TAMIAMI TRAIL NORT								
NAPLES FL 34110 NAPLES FL 34110				DO NOT	WOITE IN THIS SDA	`F	•	
US	US	US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
	·			1 ***	anieu			
				12/18/1980		Τ.		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		_	lied For	
21				59-2078048		Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired 6. Cer				
27				5. Certificate of Status Desired Fee Required				
City & State City & State				6, Election Campaign Financing S5.00 May Be				
¬ ′	⊢ ´	28				Added to		
23								
Zip Country Zip				8. This corporation owes the	e current year intarigibl Y⊟		ž No	
24 25		30		Personal Property Tax.			ATINO.	
9. Name and Address	of Current Registered Agent			10. Name and Address of I	New Registered Agen	<u>t</u>		
	•	81	Name					
KEYSER, A. JAMES		-	Ciro-t A al-	rose (D.O. Boy Number is Not A	ccontable)			
12300 TAMIAMI TRAIL NOR	TH	82	Street Add	ress (P.O. Box Number is Not Ad	rehranie)	• •		
NAPLES FL 34110		83		24 1 24 1 1 1 1 1 1 1 1 1		E 101 5	er han bet	
HAILED IE OTITO		100	1				四种 图	
		84	City		85		ode	
	ns 607.0502 and 607.1508, Florida Statute		1		FL	l		
agent. I am familiar with, and accept	the State of Florida. Such change was at the obligations of, Section 607.0505, Flor	ida Statute	s.		,			
SIGNATURE	registered agent and title if applicable. (NOTE:	Registered Age	ent signature require	ed when reinstating)	DATE			
	ICERS AND DIRECTORS	13.		ADDITIONS/CHANGES T	O OFFICERS AND DI	RECTO	RS IN 12	
***	DELETE	1.1 TITLE	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition	
TITLE PD	_ DELETE			• • • • • • •	_	•	_	
NAME KEYSER, A JAMES		1.2 NAME	1				٠,	
STREET ADDRESS 12300 TAMIAMI TRAIL	. North	1.3 STREE	ET ADDRESS			:		
CITY-ST-ZIP NAPLES FL 34110		1.4 CITY-	ST-ZIP	-			<u> </u>	
TITLE	☐ DELETE	2.1 TITLE		4		Change	☐ Addition	
		2.2 NAME						
NAME						•		
STREET ADDRESS			ET ADDRESS					
CITY-ST-ZIP		2. 4 CITY-				N	- Addition	
TITLE	☐ DELETE	3.1 TITLE		•		Change	Addition	
NAME		3.2 NAME						
STREET ADDRESS		3.3 STRE	ET ADDRESS	1 . ter 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1	· 大大大學 医克里特氏管结束 200		Tall Balting St	
		3.4. CITY-		ر فراي الله الله الله الله الله الله الله ال	建氯油酶医氯			
CITY-ST-ZIP	☐ DELETE	4.1 TITLE			ear later of the	Change 1	* Addition	
TITLE	L) OCCETE			18 * 11 V 18			_	
NAME .		4. 2 NAME						
STREET ADDRESS		4.3 STRE	ET ADDRESS					
CITY-ST-ZIP		4.4 CITY-	ST-ZIP					
TITLE	☐ DELETE	5.1 TITLE				Change	☐ Addition	
		5.2 NAME	: 1	that the state of				
NAME			ET ADDRESS				•	
STREET ADDRESS								
CITY-ST-ZIP		5.4 CITY-					Total district	
TITLE	☐ DELETE	6.1 TITLE				Change	Addition	
NAME		6.2 NAME	<u> </u>) · · · · ;	. 6.	
STREET ADDRESS		6.3 STRE	ET ADDRESS					
JINLLI ADDRESS		_	- 1					

6.4 CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

FILED

Feb 13, 1999 8:00 am Secretary of State

02-13-1999 90006 050 ***150.00