SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUL 18 AM 8:36

DOCUMENT # **F94000003413 (1)**

1. Corporation Name

EPT MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
7100 WESTWIND. STE 130 EL PASO TX 79912	7100 WESTWIND. STE 130 EL PASO TX 79912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 6090 SURETY Dr.	26 6090 Surety Dr.
Suite, Apt. #, etc. 22 Suite 102	Suite, Apt. #, etc. 27 Suite 102
City & State 23 El Paso Tx	City & State 28 El Paso, Tx
Zip 24 79905 Country 25	Zip 29 79905 Country 30

4. FEI Number: 74-2602839 ☐ 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
ABRAMS, LEHN E 801 N. MAGNOLIA AVENUE ORLANDO FL 32803	91 Name 92 Street Address (P.O. Box Number is Not Acceptable) 93 94 City **FL** 95 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when manually)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	11 TITLE	☐ Change ☐ Addit
NAME	VANDENBURG, RUSSELL	12 NAME	
STREET ADDRESS	7100 WESTWIND, STE 130	13 STREET ADDRESS	
CITY ST ZIP	EL PASO TX	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addit
NAME	VANDENBURG, DAVID	22 NAME	
STREET ADDRESS	7100 WESTWIND, STE 130	23 STREET ADDRESS	
CITY ST ZIP	EL PASO TX	24 CITY ST ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	BOGAS, DAVID	32 NAME	
STREET ADDRESS	7100 WESTWIND, STE 130	33 STREET ADDRESS	
CITY ST ZIP	EL PASO TX	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: David M. Bogas 6-16-95 (915) 778-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone number
David M. Bogas

0183020 FN