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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

F97000001147 (4)

EPSILON INVESTMENT HOLDING LIMITED, INCORPORATED

FILED
Apr 01 1998 8:00am
Secretary of State



						<b>88</b> /// <b>88</b> /// <b>48</b> /8/ 1/ <b>78</b> / 1/8// 4/8// 18// 18//
Principal Place of Business Mailing Address					20,,, 20,,,, 42,31,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ST. PETER PORT ST. PETER POR			Grenfell House, lefebyre St. Port 1 Gyl 4By Channel Isl		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					03/05/1997	·
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26			NOT APPLICABLE	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23	28		···r		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	У	8. This corporation owes or has p	
24	25 9. Name and Address of Current	29 Registered Agent	30		Personal Property Tax due Just 10. Name and Address of New F	
		negistered Agent	61	Name -		<del>.</del>
CARLTON FIELDS  1 HARBONR PLACE				100	OHN G, GRIF	FITHACU, INC.
777 S. HARBOURTSLAND BLVD.				Street Address (P.O. Box Number is Not Acceptable)		
TAMPA FL 33602				111	EAGION MAI	· · · · · · · · · · · · · · · · · · ·
TABLE IL SSOUZ						
2			84	City /	4KELAND	FL 85 Zip Code / 3
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, typed or printed name of registered agents and trice if applicable (NM) Registered Agents signary or reflect reflecting) DATE						
12.	OFFICERS AND		13.	HH	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE		☐ DEL <b>E</b>	1.1 TITLE 1.2 NAME	• -		Change Addition
NAME	OUTDANCEY OVE ADV OUTABLES TO			ļ		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	1,4 CITY- 2,1 TITLE	ST-ZIP		Change Addition
NAME	JOUHNING, CHRISTOPHER M	L Otter	2.2 NAME			Charge D Addition
STREET ADDRESS	MORGAN GRENFELL HOUSE,		Z ADDDCCC			
CITY-ST-ZIP	GUERNSEY GYL 4BY CHANNEL ISL		2.4 CITY	T ADDRESS		
TITLE	D	DELETE	3.1 TITLE	21-ZIP		Change Addition
NAME	CARRE, MARTYN R		3.2 NAME			
STREET ADDRESS	MORGAN GRENFELL HOUSE,	LEFEBVRE ST.		T ADDRESS		
CITY-ST-ZIP	<b>GUERNSEY GYL 4BY CHANNE</b>		3.4. CITY	[		
TITLE	D	DELETE	4.1 TITLE	<u> </u>		Change Addition
NAME	MORGAN GRENFELL TRUST (	ORPORATION (CI) LIM	4. 2 NAM			
STREET ADDRESS	MORGAN GRENFELL HOUSE,	LEFEBVRE ST.	4.3 STREE	T ADDRESS		
CITY-ST-ZIP	GUERNSEY GYL 4BY CHANNE	EL ISL	4.4 CITY-	ST-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	1 ADDRESS		
CITY-ST-ZIP			6.4 CITY-	ST-ZIP		

4. I 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 arrural report or suppliance that it 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 corporate terminal report is true to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block

SIGNATURE: AU

almou

3/23/98 941-686-5965