

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90174 017 ***150.00

DOCUMENT # F97000001147

1. Corporation Name

EPSILON INVESTMENT HOLDING LIMITED, INCORPORATED

Principal Place of Business

MORGAN GRENELL HOUSE, LEFEBVRE ST.
ST. PETER PORT
GUERNSEY GYL 4BY CHANNEL ISL

Mailing Address

MORGAN GRENELL HOUSE, LEFEBVRE ST.
ST. PETER PORT
GUERNSEY GYL 4BY CHANNEL ISL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1997

4. FEI Number

59-3510245

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 owes the current year intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 C/O DEUTSCHE MORGAN GRENELL
Suite, Apt. #, etc.

26 C/O DEUTSCHE MORGAN GRENELL
Suite, Apt. #, etc.

22 LEFEBVRE COURT, LEFEBVRE STREET
City & State

27 LEFEBVRE COURT, LEFEBVRE STREET
City & State

23 ST. PETER PORT, GUERNSEY
Zip Country

28 ST. PETER PORT, GUERNSEY
Zip Country

24 GYI 3WT 25 CHANNEL ISL

29 GYI 3WT 30 CHANNEL ISL

9. Name and Address of Current Registered Agent

GRIFFITH, JOHN G
111 EASTON DR
LAKELAND FL 33803

10. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS/DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
D	BLEWETT, JOHN K	MORGAN GRENELL HOUSE, LEFEBVRE ST.	GUERNSEY GYL 4BY CHANNEL ISL	<input type="checkbox"/> DELETE	D	BLEWETT, JOHN K.	LEFEBVRE COURT, LEFEBVRE STREET,	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D	JOHNNING, CHRISTOPHER M	LEFEBVRE COURT, LEFEBVRE STREET	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D	CARRE, MARTYN R	LEFEBVRE COURT, LEFEBVRE STREET	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D	MORGAN GRENELL TRUST CORPORATION (CI) LIM	LEFEBVRE COURT, LEFEBVRE STREET	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition							
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D	CARRE, MARTYN R	MORGAN GRENELL HOUSE, LEFEBVRE ST.	GUERNSEY GYL 4BY CHANNEL ISL	<input type="checkbox"/> DELETE	D	CARRE, MARTYN R	LEFEBVRE COURT, LEFEBVRE STREET	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D	MORGAN GRENELL TRUST CORPORATION (CI) LIM	LEFEBVRE COURT, LEFEBVRE STREET	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D	MORGAN GRENELL TRUST CORPORATION (CI) LIM	LEFEBVRE COURT, LEFEBVRE STREET	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D	MORGAN GRENELL TRUST CORPORATION (CI) LIM	LEFEBVRE COURT, LEFEBVRE STREET	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition							
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				<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition																			

14. I hereby certify that the information furnished in 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, partnership, or limited liability company, or a person authorized to sign on behalf of the corporation, partnership, or limited liability company; and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0001223

CR2E034 (11/98)