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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000006677

1. Corporation Name

EPANI, INC.

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Principal Place	of Business	Mailing Address) (##)(## ICE INTO CONT.	Mill Coll Citté Citté le 11 12 13 14 15 15 15 15 15 15 15
4207 VINELAND	RD.	4207 VINELAND RO.			
SUITE M-7		SUITE M-7 ORLANDO FL 32811		DO NOT WRITE IN T	HIS SPACE
ORLANDO FL 3	2811	ORLANDO PL 32011		3. Date Incorporated or Qualifed	
				12/17/1997	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		APPLIED FOR 393485	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	'\$8.75 Additional Fee Required
22		City & State		A FILE O Transita	\$5.00 May Be
City & State		28		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	_ _	30	Personal Property Tax.	es 🗆 No
,	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registe	red Agent
			81 Name		
	CORPORATION SYSTEM		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
	SOUTH PINE ISLAND ROAD				
PLAN	NTATION FL 33324		83		
			84 City		85 Zip Code
					TIL
		700 J COZ 4508 Florido Ctotutos	the above named o	proporation submits this statement for the numos	e of changing its registered
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	te of Florida. Such change was aut	inorized by the corpo	corporation submits this statement for the purpos ration's board of directors. I hereby accept the a	e of changing its registered ppointment as registered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the Staten familiar with, and accept the oblig	te of Florida. Such change was aut gations of, Section 607.0505, Florid	da Statutes.	ration's poard of directors, thereby accept the a	ppointment as registered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the Staten familiar with, and accept the oblig	te of Florida. Such change was aut gations of, Section 607.0505, Florid	inorized by the corpo	ration's poard of directors, thereby accept the a	E
office or re agent. I ar SIGNATURE	egistered agent, or both, in the Staten familiar with, and accept the oblig	te of Florida. Such change was aut gations of, Section 607.0505, Florid gent and title if applicable. (NOTE: F	thorized by the corpo da Statutes. Registered Agent signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFICER.	E
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14. 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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP