

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 29, 1999 8:00 am  
Secretary of State

04-29-1999 90123 006 \*\*\*150.00

DOCUMENT # G31070

1. Corporation Name  
EPIC CORP.



Principal Place of Business  
11040 N W 17TH COURT  
PEMBROKE LAKES FL 33026

Mailing Address  
11040 N W 17TH COURT  
PEMBROKE LAKES FL 33026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/29/1983

4. FEI Number  
59-2292630

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  
21 6391 N.W. 80th DR  
Suite, Apt. #, etc.

2a. Mailing Address  
26 6391 N.W. 80th DR.  
Suite, Apt. #, etc.

23 City & State  
PARKLAND, FL

28 City & State  
PARKLAND, FL

24 Zip 33067 25 Country USA

29 Zip 33067 30 Country USA

9. Name and Address of Current Registered Agent

ERENSTOFT, BRUCE  
11040 N W 17TH COURT  
PEMBROKE LAKES FL 33026

10. Name and Address of New Registered Agent

81 Name  
ERENSTOFT, BRUCE  
82 Street Address (P.O. Box Number is Not Acceptable)  
6391 N.W. 80th DRIVE  
83  
84 City PARKLAND FL 85 Zip Code 33067

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

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

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE P  
NAME ERENSTOFT, BRUCE B  
STREET ADDRESS 11040 N W 17TH CT  
CITY-ST-ZIP PEMBROKE LAKES FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME ERENSTOFT, BRUCE B  
1.3 STREET ADDRESS 6391 N.W. 80th DR.  
1.4 CITY-ST-ZIP PARKLAND, FL 33067

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BRUCE B. ERENSTOFT 4/26/99 954-345-0777

CR2E034 (1/98)

0163988