

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

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Mar 04, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H72061
 1. Corporation Name
EPI SYSTEMATICS, INC.



Principal Place of Business 2711 PARK WINDSOR DR., #304 FT. MYERS, FL 33901	Mailing Address 2711 PARK WINDSOR DR., #304 FT. MYERS FL 33901
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3874 S.E. 13th Place		2a. Mailing Address 26 P.O. Box 60233		3. Date Incorporated or Qualified 08/20/1985	4. FEI Number 59-2576030	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
23 City & State Cape Coral, FL	28 City & State Ft. Myers, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		
24 Zip 33904	25 Country USA	29 Zip 33906-6233	30 Country USA	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent POLLEY, NANCY A 2711 PARK WINDSOR DR., #304 FORT MYERS FL 33901				10. Name and Address of New Registered Agent			
81 Name Polley, Nancy A.				82 Street Address (P.O. Box Number is Not Acceptable) 3874 S.E. 13th Place			
83				84 City Cape Coral			
				85 Zip Code FL 33904			

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: *Nancy A. Polley* (NOTE: Registered Agent signature required when reinstating) DATE: **2-16-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	PD ZELLNER, STEPHEN R 2711 PARK WINDSOR DR., #304 FT. MYERS FL 33901	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2675 Winkler Avenue Ft. Myers, FL 33901
TITLE <input type="checkbox"/> DELETE	STD POLLEY, NANCY A 2711 PARK WINDSOR DR., #304 FT. MYERS FL 33901	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3874 S.E. 13th Place CAPE CORAL, FL 33904
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Nancy A. Polley* DATE: **2-16-99** Daytime Phone #: **941-541-1038**

CR2E034 (1/98)