

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J27759

(6)

1. Corporation Name

EPL VENTURES CORP.



Principal Place of Business

7695 S.W. 104TH STREET
OFFICES AT PINECREST, SUITE 210
MIAMI FL 33156

Mailing Address

7695 S.W. 104TH STREET
OFFICES AT PINECREST, SUITE 210
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1986

4. FEI Number

91-1222981

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 999-3rd Ave.

Suite, Apt. #, etc.

22 Suite 3800

City & State

23 Seattle, WA

Zip

24 98104

Country

25 USA

2a. Mailing Address

26 999-3rd Ave.

Suite, Apt. #, etc.

27 Suite 3800

City & State

28 Seattle, WA

Zip

29 98104

Country

30 USA

9. Name and Address of Current Registered Agent

LITTMAN, ERIC P
1428 BRICKELL AVENUE, 8TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

CT Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

83

84 City

Plantation

FL

85 Zip Code

33324

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 I accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Jack Caskey, Asst. Vice President

8-27-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P WINKLER, HENRY ☒ DELETE
NAME
STREET ADDRESS 951 SO. PARK ROAD #110
CITY-ST-ZIP HOLLYWOOD FL 33021

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 Nora Coccaro ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS #201-1228 Marinaside Crescent
1.4 CITY-ST-ZIP Vancouver, BC V6Z 2W4

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.

SIGNATURE:

Nora Coccaro

(800) 742-3172

CR2E034 (5/98)