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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997		ЖI		•	Secretary of State DIVISION OF CORPORATIONS		Secretary of State	
DOCUI 1. Corporation EPIC INV	MENT Name 'ESTMEN			(8)				
Principal Place of Business 2611 BAYSHORE BLVD				Mailing Address 2611 BAYSHORE BLVD				
1807				1807				
TAMPA FL 33629-7343 US				TAMPA FL 33629-7342 US			3. Date incorporated or Qualified 07/03/1989	3a. Date of Last Report 01/24/1996
2. Principal Place of Business				2a. Mailing Address			4. FEI Number	Applied For
21				26			59-2958301	Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23			-	City & State		/	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<i>Ζ</i> ιρ		Count		Zip	Coun	try	8. This corporation has liability for	
24		25		29	30		Florida Statutes	Yes No
1 100.24			ess of Current Re	gistered Agent		31 Name	10. Name and Address of New Re	gistered Agent
HEYCK, JOSEPH G JR. SUITE 1240, BARNETT PLAZA								
101 EAST KENNEDY BLVD. TAMPA FL 33602						Street Add	dress (P.O. Box Number is Not Acceptab	le)
						33		
					ļ _e	34 City		85 Zip Code
de D			607.01.00	J 007 1000 Fta- J- Park	den the elec			FL
Office or r	posistared an	ant or but	h, in the State of F	Jorida, Such chance was	. hetrindtie a	by the corners	rporation submits this statement for the pation's board of directors. I hereby accep	of the appointment as registered
agent la	m tamiliar wii	in, and ac	cept the obligation	is of, Section 607.0505, I	-iorida Statu	tes.	,,	10/07
SIGNATURE	Signar to the		Heyek		OTE Registered	Agent signatura requ	uired when reinstating)	DATE
12.	D		OFFICERS AND D	RECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change
TITLE NAME	DRESSLEI	FINTH	N	L' DEFETE	1.1 TITU 1.2 NAM			L Change Addition
STREET ADDRESS			BLVD. 1807			EET ADDRESS		
CITY-ST-ZIP			29-7342		•	7-ST-ZIP		
TITLE				DELETE	2.1 TITL			Change Addition
NAME					2.2 NAN	ME		ļ
STREET ADDRESS					23 STR	EET ADDRESS		
CITY - ST - 7IP	ļ <u></u>			Poreto		Y-ST-ZIP		Change Addison
TITLE				L_J DELETE	3.1 TITL 3.2 NAM			Change Addition
NAME STREET ADDRESS					1	EET ADDRESS		,
CHTY - ST - ZIP						Y-ST-ZIP		
TITLE				DELETE	4.1 TITL			Change Addition
NAME	ļ				4. 2 NA	ME		
STREET ADDRESS					4.3 STR	EET ADDRESS		
City - S* - ZiP	ļ			DELETE		r-ST-ZIP		Change Addition
TITLE				m nerete	5 1 TITL 5 2 NAM	ì		□ Calarige □ H001(101)
NAME STREET ADDRESS						EET ADDRESS		
CITY - ST - ZIP					1	r-ST-ZIP		
TITLE		··· ·· · · · · · · · · · · · · · · · ·		DELETE	6.1 T(TL			☐ Change ☐ Addilion
NAME					6.2 NAM	AE		
STREET ADDRESS					6.3 STR	EET ADDRESS		
CITY-ST-2IP	Ì				6.4 CHT	Y-ST-7HP		

14. I do 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 inclicated or 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

SIGNATURE:

FILED

Jan 15 1997 8:00am