

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

150

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

99 JUN 25 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-06/29/99--01034--011  
\*\*\*\*300.00 \*\*\*\*150.00

DOCUMENT # L45234

1. Corporation Name

E.P. CORPORATION OF PALM BEACH, INC

Principal Place of Business

Mailing Address

P.O. Box 541051  
LAKE WORTH, FL.  
33454

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1/22/90

4. FEI Number

05-0197653

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PORTUONDO, ERROL J.  
6342 FOREST HILL BLVD.  
PMB 178  
WEST PALM BEACH, FL  
33415

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME PORTUONDO, ERROL J.  
STREET ADDRESS 6342 FOREST HILL BLVD - PMB 178  
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

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51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

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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)(j), 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

6/25/99 (561) 236-2560

CR2E034 (11/98)

6/25/99

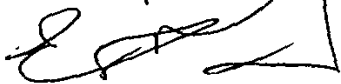
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

RE: ANNUAL REPORTS .

DEAR SIRs:

I DID NOT RECEIVE MY ANNUAL REPORT DUE TO OUR  
MOVE FOR THESE CORPORATIONS .

THANK YOU



GERALD J. PORTWOOD  
PRESIDENT