

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

FILED

May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L49146 (8)**

1. Corporation Name  
~~CLAMS CONTROL INC.~~  
**EPS-III, INC.**      *N/C 12/24/97*

Principal Place of Business <b>% PHILIP E. MORGAMAN          1600 W. COMMERCIAL BLVD., SUITE 1          FT LAUDERDALE FL 33309</b>	Mailing Address <b>C/O PHILIP MORGAMAN          P.O. BOX 9088          FT. LAUDERDALE FL 33310-8088</b>
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3. Date Incorporated or Qualified <b>02/12/1990</b>	3a. Date of Last Report <b>04/12/1996</b>
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip	24. Country	25. Country	29. Country	30. Country
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4. FEI Number <b>65-0252924</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CAMILLO, JOHN M.  
 1600 W. COMMERCIAL BLVD.  
 FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City  
 85. Zip Code **FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>DP</b>	<input type="checkbox"/> DELETE
NAME <b>MORGAMAN, PHILIP E.</b>	
STREET ADDRESS <b>1600 W. COMMERCIAL BLVD.</b>	
CITY-ST-ZIP <b>FT LAUDERDALE FL</b>	
TITLE <b>JESSE P. GADDIS</b>	<input type="checkbox"/> DELETE
NAME <b>DIRECTOR</b>	
STREET ADDRESS <b>1600 WEST COMMERCIAL BOULEVARD</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE, FLORIDA 33309</b>	
TITLE <b>MARK STEPHENSON</b>	<input type="checkbox"/> DELETE
NAME <b>PRESIDENT</b>	
STREET ADDRESS <b>1600 WEST COMMERCIAL BOULEVARD</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE, FLORIDA 33309</b>	
TITLE <b>PHILIP W. LEFEBVRE</b>	<input type="checkbox"/> DELETE
NAME <b>SECRETARY AND SENIOR VICE PRESIDENT</b>	
STREET ADDRESS <b>1600 WEST COMMERCIAL BOULEVARD</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE, FLORIDA 33309</b>	
TITLE <b>DEBORAH S. GARDNER</b>	<input type="checkbox"/> DELETE
NAME <b>TREASURER</b>	
STREET ADDRESS <b>1600 WEST COMMERCIAL BOULEVARD</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE, FLORIDA 33309</b>	
TITLE <b>GARY PAIKOFF</b>	<input type="checkbox"/> DELETE
NAME <b>VICE PRESIDENT</b>	
STREET ADDRESS <b>1600 WEST COMMERCIAL BOULEVARD</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE, FLORIDA 33309</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>MATTHEW JONES</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>VICE PRESIDENT</b>	
1.3 STREET ADDRESS <b>1600 WEST COMMERCIAL BOULEVARD</b>	
1.4 CITY-ST-ZIP <b>FORT LAUDERDALE, FLORIDA 33309</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE <b>WILLIAM SPRUCE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>VICE PRESIDENT</b>	
2.3 STREET ADDRESS <b>1600 WEST COMMERCIAL BOULEVARD</b>	
2.4 CITY-ST-ZIP <b>FORT LAUDERDALE, FLORIDA 33309</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*05/06/97*

**900002174069**  
**-05/09/97--01135--044**  
**\*\*\*165.00**

14. I do hereby 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: *William Spruce - Vice President*      Date: *4/21/97*      Daytime Phone #: *(954) 493-6665*

CR2E034 (9/96)