


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90108 019 \*\*\*150.00

**DOCUMENT # L49146**  
 1. Entity Name  
 EPS-III, INC.



Principal Place of Business: % PHILIP E. MORGAMAN, 1600 W. COMMERCIAL BLVD., SUITE 1, FT LAUDERDALE, FL 33309  
 Mailing Address: C/O PHILIP MORGAMAN, P.O. BOX 9088, FT. LAUDERDALE, FL 33310

24044582



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

03042004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number: 65-0252924  
 Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 JONES, MATTHEW T ESQ  
 1600 W. COMMERCIAL BLVD.  
 FT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City: **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: DC <input type="checkbox"/> Delete	NAME: MORGAMAN, PHILIP E. STREET ADDRESS: 1600 W. COMMERCIAL BLVD. CITY-ST-ZIP: FT LAUDERDALE, FL 33309
TITLE: D <input type="checkbox"/> Delete	NAME: NICHOLS, NEAL STREET ADDRESS: 3251 WASHINGTON BLVD CITY-ST-ZIP: FORT LAUDERDALE, FL 33309
TITLE: DP <input type="checkbox"/> Delete	NAME: STEPHENSON, MARK STREET ADDRESS: 1600 WEST COMMERCIAL BOULEVARD CITY-ST-ZIP: FORT LAUDERDALE, FL 33309
TITLE: D <input type="checkbox"/> Delete	NAME: CAMILLO, JOHN M STREET ADDRESS: 1600 WEST COMMERCIAL BLVD. CITY-ST-ZIP: FORT LAUDERDALE, FL 33309
TITLE: V <input type="checkbox"/> Delete	NAME: GARDNER, DEBORAH S STREET ADDRESS: 1600 WEST COMMERCIAL BOULEVARD CITY-ST-ZIP: FORT LAUDERDALE, FL 33309
TITLE: DV <input type="checkbox"/> Delete	NAME: SPRUCE, WILLIAM D STREET ADDRESS: 1600 WEST COMMERCIAL BOULEVARD CITY-ST-ZIP: FORT LAUDERDALE, FL 33309

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: D STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: V, T STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: D P STREET ADDRESS: _____ CITY-ST-ZIP: _____

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Stephenson 3/29/04 954 493 6565  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment  
24044582

EPS III, INC.

# L49146

ADDITIONAL DIRECTORS AND OFFICERS:

Title: V  
Name: Linda M. Dinapoli  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V,S  
Name: Matthew T. Jones  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Joseph A. Matteis  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Marilyn Peterson  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Norm Baker  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Chris Parkinson  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309