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

PROFIT COMPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Sandra B, Mortnan

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 48/2/6

EPG INC D

DOA IMB

Principal Place of Business Mailing Address 3. Date Incorporated or Qualified 3a. Date of Last Report June 2. Principal Place of Business 2e. Mailing Address Applied For 825 GRAND Isle CIR 21 Not Applicable Suite, Apt. #, etc \$8.75 Additional M 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees Country Zip 8. This corporation has liability for intangible tax under s. 199,032, Yes No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) GRAND ISLECTE # 412 A 83 84 Zip Code 85 ORI ando 32810 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE PRESIDENT 11 TITLE Change Addition TITLE EDWIN Pagan JR 1.2 NAME NAME 13 STREET ADDRESS 1825 GRAND ISLECTR #412A STREET ADDRESS 1.4 CITY - ST - ZIP CITY - ST-ZIP <u>orlando FL 32810</u> DELETE Change 2.1 TITLE Addition TITLE

2.2 NAME

3 1 1171.6

3.2 NAME

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5 1 TOLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

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DELETE

DELETE

2.3 STREET ADDRESS 2.4 City-St-Zip

3.3 STREET ADDRESS

3.4. CITY - ST - ZIP

44 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

64 CITY-ST-ZIP

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 indicated on this annual report or suppliemental 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:

NAME STREET ADDRESS

NAME

CITY TITLE

CITY-ST-ZIP

STREET DORESS

T ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OPCORECTOR

July 10,97/407-875-3969

500002257295----08/04/97--01170--013

****165.00

FILED

97 JUL 30 PM 4: 05

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TALLAHASSEE, FLORIDA

CR2E034 (9/96)

Change Addition

****165.00

Addition

Addition

Change Addition



Edwin Pagan 1825 Grand Isle Circle #412A Orlando, FL 32810 7-18-97

To whom it may concern:

The annual corporate renewal papers that I normally receive each May never arrived. I called your company several times requesting correspondence yet I still had not received anything.

The paperwork finally did reach me and on July 7, 1997 I spoke with one of the representatives from your office. I was advised to send the paperwork along with my renewal fee of \$165.00. They assured me that this would cover my yearly fee and that everything would be "O.K."!

Thank You in advance for your prompt attention to this matter.

Sincerely.

Edwin Pagan Jų

EPG Inc.