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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mørtham "

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N 95 05 000 6035

FILED
May 05 1997 8:00am
Secretary of State

	DS OF EPIPHANY, INC	·•							
	Palmas Bay Circle Orange, Fl. 32127	Mailing A	Address		· · · · · · · · · · · · · · · · · · ·				
, , ,						3. Date incorporated or Qualified	3a. Date of L		•
2 Prince and Pri	lace of Business	2a Mailii	ng Address			12/18/95 4. FEI Number	12/1		
	Palmas Bay Circle	26	ng Address			4. I Li Nombei	-		olied For Applicable
Suite Apt			, Apt. #, etc.				60		dditional
2	,	27	, ,			5. Certificate of Status Desired	и · · ·	ee Re	
City & State			& State		 	6. Election Campaign Financing	\$5	5.00	May Be
3 Port	Orange, Florida Country	28				Trust Fund Contribution		dded to	
	<u> </u>	Zip		Country	y	8. This corporation has liability for it		nder s.	199.032,
4 32127		29]		30			Yes No		
	9. Name and Address of Curren	nt Registered	Agent	81	T 1.	10. Name and Address of New Re	listered Agent		
				[61	Name				
	iel V. Biro			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
	Palmas Bay Circle			83					
Port	Orange, FL. 32127			63					
				84	City		85	Zip C	ode
11 Durewood	to the provisions of Continue 617 050	12 and 617 16/	DO Florida Ptotu	oc the above	to comod por	receives submits this statement for the s	FL C	nino ito	registered
office or re	egistered agent, or both, in the State	of Florida Su	ch change was	authorized b	y the corpora	poration submits this statement for the pation's board of directors. I hereby accep	t the appointme	ent as r	egistered
agent. La	ni familiar with, and accept the obligi	ations of, Sect	ion 617.0503, Fi	orida Statute	·\$.				
SIGNATURE ,	Michael V. Biro		sha /NOT	F: Bogistared An	ont Fignature requi	lired when reinstating)	/12/97 DATE		
12.	OFFICERS AN			13.	ent signature redu	ADDITIONS/CHANGES TO OFFIC		CTOR	S IN 12
III.F									
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ļ	Director Roy Paul T. Kami	ide	☐ DELETE	1.1 TITLE 1.2 NAME				nange	Ll Addition
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

NATION AND TYPE OR PRINTED NAME OF BLONING OFFICER OR DIRECTOR

4/12/97

904-767-7523

Date

Daytime Phone #