

**BE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northing  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

SEARCHED  
SERIALIZED  
INDEXED

DOCUMENT # **P93000052756 (2)**

1. Corporation Name  
**EPIC III, INC.**

Principal Place of Business: **4205 W. COLONIAL DR. ORLANDO FL 32808**  
Mailing Address: **4205 W. COLONIAL DR. ORLANDO FL 32808**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/23/1993**      3a. Date of Last Report: **09/07/1994**  
4. FEI Number: **59-3197436**      Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
6. This corporation has notified the investigator (see section 1307.005, Florida Statutes):  Yes  No

2. Principal Place of Business: **21**      2a. Mailing Address: **26**  
Suite Apt. # etc.:      Suite Apt. # etc.:  
City & State:      City & State:  
23      28  
24      25      29      30

9. Name and Address of Current Registered Agent  
**FERNANDEZ, AURELIO  
300 STERLING LAKE DRIVE  
OCOOEE FL 34761**

10. Name and Address of New Registered Agent  
B1 Name:      B2 Street Address (if O. Box Number is Not Applicable):  
B3      B4 City:      FL      B5 Zip Code:

11. Pursuant to the provisions of sections 607.011(4)(a) and 607.15(2), Florida Statutes, the above named corporation submits the 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 duties set forth in section 607.011(4)(a), Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
01 TITLE	PD FERNANDEZ, AURELIO 300 STERLING LAKE DRIVE OCOOEE FL 34761	01 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
02 NAME		02 NAME	
03 STREET ADDRESS		03 STREET ADDRESS	
04 CITY, ST, ZIP		04 CITY, ST, ZIP	
05 TITLE	S FERNANDEZ, SHARON 300 STERLING LAKE DR. OCOOEE FL 34761	05 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
06 NAME		06 NAME	
07 STREET ADDRESS		07 STREET ADDRESS	
08 CITY, ST, ZIP		08 CITY, ST, ZIP	
09 TITLE		09 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY, ST, ZIP		12 CITY, ST, ZIP	
13 TITLE		13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY, ST, ZIP		16 CITY, ST, ZIP	
17 TITLE		17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY, ST, ZIP		20 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.07(3)(a), Florida Statutes. I further certify that the information included on this annual report or supplementary 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, the person authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with an address.

SIGNATURE: *Aurelio Fernandez*      4/29/95      297-4000  
DATE:      TIME:      PHONE:      TITLE:      NUMBER: