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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000017428 (1)

EPK-VM. INC.

FILED Jan 14 1997 8:00am Secretary of State

Ern-V(V),	, INO					 			
Principal Place of Business Mailing Address									
732 N THORNTON AVE ORLANDO FL 32803 US		732 N THORNTON AVE	732 N THORNTON AVE ORLANDO FL 32803-4032 US						
						 Date incorporated or Qualified 03/04/1994 	1	ite of Last R 29/1996	eport
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			plied For
21		26				59-3234662		No	ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
22 City & State	e	City & State				6. Election Campaign Financing		\$5.00	<u> </u>
23	~	28				Trust Fund Contribution	П	Added t	
Z₽	Country	Zip	Co	untry		8. This corporation has liability for			
24	25	29	30	•			Yes [. 155.002,
	9. Name and Address of Curren		11]		10. Name and Address of New Re	gistered	Agent	
HAR	IDING, ROBERT L			81	Name		-		
201	EAST PINE STREET			82	Street Ad	Idress (P.O. Box Number is Not Acceptate	ole)		
	TE 701 ANDO FL 32801			83					
ONL	ANDO IL SESOI			84	City	<u> </u>		85 Zip (Code
ı				l	· .	propration submits this statement for the p	FL		
SIGNATURE	Signature typed or product racer of registered age	nit and tra- if applicable (N		ec Age		ration's board of directors. I hereby accel quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE		
12.	OFFICERS AND	DELETE	1.1]			ADDITIONS/CHANGES TO OFFIC	ZENS ANL	Change	Addition
NAME	D Karabedian, Edward P			IAME				LI Unange	L Modifion
	732 N THORNTON AVE				2020001	•			
STREET ADDRESS	ORLANDO FL		•		ADDRESS				
CITY-ST-ZIP TITLE	D D			1.4 City-ST-ZIP 2.1 Title				Change	Addition
NAME	MALDONADO, VINCENT			AME.	-	•		- Sugnite	
STREET ADDRESS	732 N THORNTON AVE				ADDRESS	. •			
CITY - ST - ZIP	ORLANDO FL				ST-ZIP				
TITLE	01104150 12	DELETE	317		<u></u>		······································	Change	Addition
NAME			321	AME					
STREET ADDRESS			3.3 9	TREET	ADDRESS				
CITY - ST - ZIP			3.4	CITY -	ST-ZIP				
TITLE		DELETE	4.1 1	II.E			·····	Change	☐ Addition
NAME			4. 2	NAME	Ì				
STREET ADDRESS			4.3 9	STREET	ADDRESS				
CITY-S 712			440	HY-S	ST - ZIP				
TITLE		DELETE	517	TILE			_	☐ Change	Addition Addition
NAME #			5.21	IAME	}				
STREET ADDRESS			5.3 9	STREET	ADDRESS				
CHTY-ST-ZIP					ST-Z(P				
TITLE		☐ DELETE		ITI.E				☐ Change	Addition
NAME				AME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			640	HY-S	T - ZIP				

4. 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 chapter 607 are not an attachment with an address.

SIGNATURE:

SKINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KARIBEDIAN 1/1/27 896-630