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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 02 1998 8:00am Secretary of State

	MENT # P9400 EPT INVESTMENT CORPOR		)		
Principal Place of Business Mailing Address					1801 (6118 911)( 01891 1011 1801
3226 W. LANTANA RD. LANTANA FL 33462		106 PRINCESS CT ROYAL PALM BCH FL	22411		
		US	33411	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 06/29/1994	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Children And Hards		26		65-0509198	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	29	30	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registers	d Agent
	rikh, neeta t		81 Name		
106 PRINCESS CT ROYAL PALM BCH FL 33411			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
			83		
			B4 City	F	85 Zip Code
44 Durawant	to the provisions of Continue CO7 DE	00 and 607 1609 Finding State	too the above named cor	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	
SIGNATURE	Signature, typed or printed name of registered ag		DTE: Registered Agent signature requi		
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	PARIKH, NEETA T		1.2 NAME		
STREET ADDRESS	106 PRINCESS CT		1.3 STREET ADDRESS		ļ
CITY-ST-ZIP	ROYAL PALM BCH FL		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		La servedo La Munición
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - S1 - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME CYPECT ADORESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 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:

29/98 (561) 640-4573