SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT** # P95000021506 (7) E.P.E.M., INC. Principal Place of Business Mailing Address 1104 NORTH COLLIER BLVD. 1104 NORTH COLLIER BLVD. MARCO ISLAND FL 33937 MARCO ISLAND FL 33937 3. Date Incorporated or Qualified 3a. Date of Last Report 03/16/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation has liability for intangible tax under s. 199 032. 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GREUSEL, JAMIE B % BERRY % GREUSEL 82 Street Address (P.O. Box Number is Not Acceptable) 1104 N. COLLIER BLVD. MARCO ISLAND FL 33937 83 R4 City Zip Code 85 FL 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 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 Signature, typed or printed har clothing, less plager that fittle diapple able (NOTE: Filippolared Agent signatine required when number ig: 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TIELE Change Addition NAME GREUSEL, JAMIE B 1.2 NAME 1104 N. COLLIER BLVD. STREET ADDRESS 13 STHEFT ADDRESS MARCO ISLAND FL 99937 CHTY-ST-ZIP 1.4 CHY - ST- ZIP TITLE DELETE 2.1 TITLE Change Add-bon NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3 t TiTLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 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 - ST - ZIP TITLE DELETE 5 1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP TITLE DELETE 6.1 TIFLE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STHEET ADDRESS CITY - ST - ZIP 14. If do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 further certify that the information indicated on this annual report or supplemental annual reports from and accurate and that my signature shall have the same legal effect as if that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. 6 4 CITY - 51 - ZIP SIGNATURE:

CER OR DIRECTOR