FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

4-23-96 Day trop Proces

DOCUMENT #

1. Corporation Name

P95000029222 (3)

EPICOR, INC.

STREET ADDRESS

SIGNATURE:

					'II BANK BAND NEKO 18110	
Principal Place of Business Mailing Address						
908 BUCKS/		908 BUCKSAW PL.				
LONGWOOD FL 32750		LONGWOOD FL 32750	LONGWOOD FL 32750		Date Incorporated or Qualified 3a. Date of Last Report 04/13/1995	
		2a. Mailing Address		4. FEI Number	· 	Applied For
2. Principal Pla	But Saw Place	26 908 Bucks	an Place	59-3307825	<u> </u>	Not Applicable
Suite, Apt. #		Suite, Apt #, etc.	7-10-9	5. Certificate of Status Desired	\$8.7	75 Additional e Required
City & State	1 5/	City & State	£ /	Election Campaign Financing Trust Fund Contribution	1 1 7 -	.00 May Be ded to Fees
23 LUNGI	woody 1	28 Longwood	Country	8. This corporation has liability for		
24 327	50 25 1/5/4		30 US19	Florida Statutes 🔀 Yes	; No	
24 500 1	9. Name and Address of Cur		<u> </u>	10. Name and Address of New F	legistered Agent	
	5. 1121110 21110		81 Name	, <u> </u>		
CASE	GREGORY C		82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
	ICKSAW PL.					
	YOOD FL 32750		83			
			84 City		85	Zip Code
				oration submits this statement for the pu	FL	t spintered office
	ed agent, or both, in the State of h th, and accept the obligations of S	iocati Such change was authorized section 607.0505, Florida Statutes	r by the corporation expos		DATE	eo agent. ram
	Signature typical or period harm of registeres:	.,	Registered Agent Segnaturo respet	ADDITIONS/CHANGES TO OF		OTORS IN 12
12.		AND DIRECTORS DELETE	1.11011.6		☐ Chan	
TITLE	President- VIA		1.2 NAME			
NAME STREET ADDRESS	Gregory (Cus	C.	1.3 STREET ADDRESS			
CITY - ST - ZIP	908 BUCKSOW F/	~~& ~34250	1.4 C'TY -ST - ZIP			
TITLE	Gregory C. Cus 908 Bd Ksaw Pl. Longwood, Fl Secretary - Tre Lucille P. Cas 908 Bucksow P. Longwood, Fl	C.S. C.E.O. DELETE	2 1 10°LF		Chan-	ge 🔲 Addition
NAME	Livilla P Cas	45.7127	2 2 NAME			
STREET ADDRESS	908 Buckson	E.	2 3 STREET ADDRESS			
CITY-ST-7IP	LONGWOOD, Fl	32750	2.4 CHY IST-ZIF			an Addition
TITLE		DELETE	3 1 T-TLF		☐ C⊓an	ige
NAME			3.2 NAME			
STREET ADDRESS			3.3 STHEFT ADDRESS			
CITY-S1-ZIP			3 4 CITY - ST - ZIP		□ Chan	nge 🗍 Addition
TITLE		[] DEFEIE	4 1 11019			g,
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		FIREITY	4.4 CiTY+ST ZIP		Char	nge 🔲 Addition
TIFLE		□ D£L£1E	5 1 TiTLE		<u></u>	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP		☐ DECETE	5.4 CITY - ST - 7 IP 6.1 TITLE		☐ Char	nge 🔲 Addition
TITLE		F1 nerut				_
A ARRE			6.2 NAME			

6.3 STREET ADORESS

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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