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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000038041 (6)

1. Corporation Name
EPAC DEVELOPMENT CORPORATION



Principal Place of Business
5380 N. OCEAN DR.
SUITE 10H
RIVIERA BEACH, SINGER ISLAND FL 33404

Mailing Address
5380 N. OCEAN DR.
SUITE 10H
RIVIERA BEACH, SINGER ISLAND FL 33404-2539

3. Date Incorporated or Qualified
05/12/1995

3a. Date of Last Report
06/06/1996

4. FEI Number
59-3321055

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

PETRIDES, MILTON D
5380 N. OCEAN DR.
SUITE 10H
RIVIERA BEACH, SINGER ISLAND FL 33404

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PETRIDES, MILTON D	
STREET ADDRESS	5380 N. OCEAN DR., #10H	
CITY - ST - ZIP	RIVIERA BEACH, SINGER ISLAND FL 33404	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LYONS, CHRIS	
STREET ADDRESS	5380 N. OCEAN DR., #10H	
CITY - ST - ZIP	RIVIERA BEACH, SINGER ISLAND FL 33404	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PETRIDES, DESPIN	
STREET ADDRESS	5380 N. OCEAN DR., #10H	
CITY - ST - ZIP	RIVIERA BEACH, SINGER ISLAND FL 33404	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUMES, J.T.	
STREET ADDRESS	5380 N. OCEAN DR., #10H	
CITY - ST - ZIP	RIVIERA BEACH, SINGER ISLAND FL 33404	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUMES, DEBBIE	
STREET ADDRESS	5380 N. OCEAN DR., #10H	
CITY - ST - ZIP	RIVIERA BEACH, SINGER ISLAND FL 33404	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Debbie Lyons
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 oath; that I am an officer or director of the corporation; 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)