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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000038041

STREET ADDRESS CITY-ST-ZIP

**EPAC DEVELOPMENT CORPORATION** 

Principal Place	e of Business	Mailing Address			00129 (410) (011) 601() 6164 (184 (08)
5380 N. OCEAN DR. S380 N. OCEAN DR.		•			
SUITE 10H SUITE 10H RIVIERA BEACH, SINGER ISLANDFL 33404 RIVIERA BEACH, SINGER IS			1 41051 20404	DO NOT WRITE IN	THIS SDACE
HIVIEKA BEAUN	. SINGER ISLANDEL 33404	RIVIERA BEACH. SINGER IS	LANUFL 33404	3. Date Incorporated or Qualifed	I IIIO OFACE
				05/12/1995	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3321055	Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22]		27		5. Samuello di Bizzario	Fee Required
City & State	<b>e</b>	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	—¬	30	<ol> <li>This corporation owes the current year Personal Property Tax.</li> </ol>	arintangible
	9. Name and Address of Current	<del></del>		10. Name and Address of New Registe	<del></del>
	The state of the s		81 Name		
MARTIN A. DYTRYCH			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
	PGA BLVD., STE. #203	1.4			P. F. 245 2444 445 (444)
	E 10H		83		
PALIV	A BCH GARDENS FL 33410		84 City		85 Zip Code
war year of a second	Kenner St.	27-20			FL
11. Pursuant t	to the provisions of Sections 607.0502 edistered agent, or both, in the State of	and 607.1508, Florida Statute	s, the above-named con	poration submits this statement for the purpos ion's board of directors. I hereby accept the a	se of changing its registered
Office of te		i monda. Such change was au		ion's board of directors. I hereby accept the a	ppolitiment as regiotores
CN Cagent. Car	m familiar with, and accept the obligation	ons of, Section 607.0505; Flori	da Statutes	ion's board of directors. Thereby accept the a	ppointment as regionales
SIGNATURE	m familiar with, and accept the obligation	ons of, Section 607.0505; Flori	da Statutes.		
SIGNATURE	in familiar with, and accept the obligation of superior of superior of printed name of registered agent OFFICERS AND	ons of, Section 607.0505; Flori and title if applicable. (NOTE: I	da Statutes.  Registered Agent signature require	ed when reinstating)	€ .
SIGNATURE	m familiar with, and accept the obligation	ons of, Section 607.0505; Flori and title if applicable. (NOTE: I	ida Statutes. Registered Agent signature require	ed when reinstating) / 15 (35) DAT  ADDITIONS/CHANGES TO OFFICER:	€ .
SIGNATURE 12.	m familiar with, and accept the obligation  Signature, typed or printed name of registered agent  OFFICERS AND	ons of, Section 607.0505; Flori and title if applicable. (NOTE: I	da Statutes.  Registered Agent signature require  13.	ed when reinstating)	E . S AND DIRECTORS IN 12
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14. I hereby certify that the indicated on this annual officer or director of the g does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information foot is true and a curate and that my signature shall have the same legal effect as if made under oath; that I am an an exemption execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**FILED** 

Jan 21, 1999 8:00am

**Secretary of State** 01-21-1999 90058 011 \*\*\*150.00