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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF COMPORATIONS

1996

P95000085546 (6)

**DOCUMENT #** 1. Corporation Name

EPICC INTERNATIONAL, INC.

Principal Place of Business	Mailing Address				
1001 CLOVERCREST RD	1001 CLOVERCREST RD				
ORLANDO FL 32811	ORLANDO FL 32811				

Principal Place of	DUSITIESS	Maining Hosicas						
1001 CLOVE ORLANDO FI		1001 CLOVERCRES ORLANDO FL 3281						
					3. Date incorporated or Qualified 11/06/1995	3a. Date	e of Last Re	epart
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number	1		Applied For
1		26			59~5349105			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution			<b>0</b> May Be d to Fees
Zφ	Country 25	7 <sub>IP</sub>	Countr 30	у	This corporation has liability for Florida Statutes  X Yes	intang-ble t No	ax under s	199.032.
1	g Name and Address of Current	. <del> </del>			10. Name and Address of New F	legistered	Agent	
			8	1 Name				
	Janet C Lovercrest RD		8:	2 Street Addr	ress (P.O. Box Number is Not Acceptat	ole)		
	DO FL 32811		8:	3				
			8-	4 City		FL	85 Z	p Code
SIGNATURES	griatins, typed or perde floor é of registrost agent OFFICERS ANI	DIRECTORS	NO'E Rejulcie I A, 13.		ADDITIONS/CHANGES TO OF	Fact 6a		
TITLE -	D	DELETE	1 1 11 L	E P	<b>75</b>		☐ Change	Addition
NAMÉ	BLAIR, JANET C		1.2 NAM	ř.				
STREET ADDRESS	1001 CLOVERCREST RD		13 STRE	ET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32811		14 CiTY	-S1-7:P				
TITLE		☐ DETELE	2 1 Till	-	•		Change	Addition
NAME.			2 2 NAM		rey, lorgaine k		سدد	<b>3</b> 1
STREET ADDRESS				ET ADOPESS 4	1852 Cypress Woods	Drive	Apt. Z	<b>9</b> 1
CITY-ST-ZIP		D DE EX			Orlando" PL 32811		Change	Addition
ITLE		☐ DELETE	3 1 1.11	٠, ا	=		oneng.	Tida (iii)
IAME			3.2 NAM	IL JE IEET ADDRESS   4	XBPH, ANDREA 1777 N. Pine Huls R	nad	Apt.	201
STREET ADDRESS				r-ST-ZIF	orlando FL 3286		14	
DITY-ST-ZIP		DELETE	4 1 1111		77 100 00 322		Cnange	Addition
IAME			4.2 NAV	1				
STREET ADDRESS				EET ADDRESS				
			li i	r-ST-Z-P				
CITY-ST-ZIP LITLE		DELETE	5 1 TiTi				☐ Change	Addition
VAME			5.2 NAM	4E				
STREET ADDRESS			5 3 S*R	EET ADORESS				
CrTY - ST - ZrP			5 <u>4 CII</u> Y	Y-ST-ZIP				
TITLE		☐ DELFTE	6 1 T-TI	ı E			☐ Change	Additio
NAME			6.2 NAN	Aí				
STREET ADDRESS			6.3 STH	EET ADDRESS				
City - ST - 7IP			6 4 CIT	Y - ŞT - ZIP				

14. Ido hereby certify that the information supplied with this filing 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.

SIGNATURE:

PANET C. BLAIR

2/13/94 (401)298-6808