SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE; \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500086346 (0)

FILED Sep 02 1998 8:00am Secretary of State

EPIC IN	T'L, INC.					
Principal Place	ce of Business	Mailing Address				8181 3 9 488 81688 46114 81848 8181 1891
17520 S.W. 108 AVENUE		17520 S.W. 108 AVENUE				
MIAMI FL 33157 MIAMI FL 33157						
					DO NOT WRITE IN T	HIS SPACE
					3. Date Incorporated or Qualified	
		r- -			11/08/1995	
		2a. Mailing Address			4. FEI Number	Applied For
		Suite, Apt. #, etc.	alc		65-0626602	Not Applicable
22 27			Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing		
23		28			Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the	
24	25	29	30	·	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Register	ed Agent
	rs, ge orge			81 Name		
17520 S.W. 108 AVENUE				82 Street Addr	ddress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33157						
				83		
				84 City		85 Zip Code
						- L '
11. Pursuan	t to the provisions of sections 607.050	02 and 607.1508, Florida Statute e of Florida, Such change was	es, the abo	ove-named corpo	ration submits this statement for the purpose o	f changing its registered
agent. I	am familiar with, and accept the oblig	pations of, section 607.0505, FI	orida Stati	utes.	on's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE		··				
12.	Signature, typed or printed name of registered ag			ed Agent signature requ		
TITLE	D OFFICERS A	ND DIRECTORS	13.	E T	ADDITIONS/CHANGES TO OFFICERS	
NAME	MYERS, GEORGE	L_J DELETE	1.2 NA			Change Addition
STREET ADDRESS	17520 S.W. 108 AVENUE			REET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157			Y-ST-ZIP		
TITLE		DELETE	2 1 717			Chance Addition (
NAME		[DECE IE	2.2 NA			Change Addition
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP			•	Y-ST-ZIP		
TITLE		DELETE	3.1 TIT			Change Addition
NAME		Correct	3.2 NAI	ME ·		C Outside C Vocition
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP			3.4 CIT	Y-\$T-ZIP		
TITLE		DELETE	4.1 TIT	.E		Change Addition
NAME			4.2 NA	AE .		
STREET ADDRESS			4.3 STR	EET ADDRESS		
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP		
TITLE		DELETE	5.1 TITI	.E		Change Addition
NAME			5.2 NAM	AE		
STREET ADDRESS			5.3 STR	EET ADDRESS		
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP		
TITLE		DELETE	6.1 TITU	E		Change Addition
NAME			6.2 NA	ħE		
STREET ADDRESS	graff o familia	··-	6.3 STR	EET ADDRESS	,	
CITY-ST-ZIP		-	6.4 CIT	/-ST-ZIP		

14. I hereby certify that the Information supplied why 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 supplymental 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 by an attachment with an address.

CR2E034 (5/9)