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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000030741

1. Corporation Name EPI TALLAHASSEE II, INC.

Principal Place of Business 359 CAROLINA AVENUE WINTER PARK FL 32789
Mailing Address 359 CAROLINA AVENUE WINTER PARK FL 32789



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/09/1996
4. FEI Number 59-3377514
5. Certificate of Status Desired
6. Election Campaign Financing
8. This corporation owes the current year intangible Personal Property Tax.

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

9. Name and Address of Current Registered Agent
CHRISTY, KATHERINE A
250 INTERNATIONAL PARKWAY, SUITE 230
HEATHROW FL 32746

10. Name and Address of New Registered Agent
81 Name
82 Street Address
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

Table with 2 columns: OFFICERS AND DIRECTORS (12), ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13). Rows include DP PUGH, JAMES H; DVP SELBY, THOMAS C.; DS JACOBY, GREG; DVP RIVA, KYLE D.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13). Rows 1.1-6.4 for additions.

14. I 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/10/99 Date Daytime Phone #

CR2E034 (11/98)