FÎLE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600032366 (2)
EPDO, INC.

Principal Place of Business

Mailing Address

FILED May 06 1997 8:00am Secretary of State



801 EAST COMMERCIAL BOULEVARD FORT LAUDERDALE FL 33334			301 EAST COMMERCIAL BOULEVARD FORT LAUDERDALE FL 33334-2411						
					3. Date Incorporated or Qualified 04/08/1996	3a. Da	ite of La	st Report	7
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number			Applied For		
21		26	<u></u>	65-065583	12		Not Applicable		
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required			_ ^	
City & State		City & State	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Z _I p	Count 30	y .	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No				
	9, Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	gistered	Agent		4
	EIL, DONNA ESQ	4.55	8	1 Name					
	EAST COMMERCIAL BOULE	VARD	82 Street Add		dress (P.O. Box Number is Not Acceptab	le)			7
rur	IT LAUDERDALE FL 33334		83						-
									_] `
			8	4 City		FL	85	Zip Code	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statu	tes, the abo	ve-named co	orporation submits this statement for the p	urpose of	changi	ng its registered	<u> </u>
ottice or r agent. I a	egistered agent, or both, in the St m familiar with, and accept the ob	late of Florida. Such change was oligations of, Section 607.0505, Fl	authorized t Iorida Statuti	by the carpoi es.	ration's board of directors. I hereby accep	ot the app	ointmen	it as registered	
SIGNATURE									
12.	Signature, typed or printed name of registered	dagent and tille diapplicative (NO AND DIRECTORS	11 Registered A	gent signature red	quired which reinstating) ADDITIONS/CHANGES TO OFFIC	DATE.	DIDEC	TORS IN 12	ر ا
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	ENS AINL	Cha		- Š
NAME	POULOS, EVANGELOS DR	E DECCIE	1.2 NAMI				One	ge [7.00.0.0.	100
STREET ADDRESS	5400 S.W. 70TH AVENUE		1.3 STREET ADDRESS						5
CITY-ST-ZIP	DAVIE FL 33314		1.4 C/TY-ST-ZIP						l n
TITLE	D	DELETE	21 TILE				Char	nge Addition	, č
NAME	O'NEIL, DONNA ESQ			:					-
STREET ADDRESS	301 EAST COMMERCIAL B		2.3 STREET ADDRESS						ĺ
CITY-ST-ZIP	FORT LAUDERDALE FL 333	334	2. 4 CITY	- S1 - ZIP					_[
TITLE		☐ DELETE	3.1 TITLE				Char	nge 🔲 Addition	ì
NAME			3.2 NAM(
STREET ADDRESS			3 3 S1RE	FT ADDRESS					
CITY-ST-ZIP		P.C. F.Y.C.	3.4. CITY					F7.7766	4
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NAME			4. 2 NAM	·					
STREET ADDRESS				ET ADORESS					
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE				Char	nge Addition	\exists
NAME		hand o'cos it	5.1 MAM						
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CITY-ST-ZIP			5.4 Dri Y	1					Ì
TITLE		☐ DELETE	6.1 TITLE				Chai	nge Addition	
NAME			6.2 NAM	:					
STREET ADDRESS			6.3 \$1RE	E1 ADDRESS					- }
CITY-ST-ZIP			6.4 CITY	-ST-ZIP					

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 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.

CICMATURE.

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4/20/05

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