

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000033591**

1. Corporation Name

EPOCH TAMPA BAY INC.

Principal Place of Business

Mailing Address

**215 S. HOWARD AVE.
TAMPA, FL 33606**

2. Principal Place of Business

21 **215 S. HOWARD AVE.**

2a. Mailing Address

26 **PO BOX 320764**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 **TAMPA, FL**

City & State

28 **TAMPA FL**

Zip

24 **33606**

Country

25 **USA**

Zip

29 **33679**

Country

30 **USA**

3. Date Incorporated or Qualified

16 APRIL 96

3a. Date of Last Report

N/A

4. FEI Number

59-3373405

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANTHONY J.B. GREEN
215 S. HOWARD AVE.
TAMPA, FL 33606**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

(Type or print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME **ANTHONY J.B. GREEN**

STREET ADDRESS **PO BOX**

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**D
ANTHONY J. GREEN
215 S. HOWARD AVE.
TAMPA, FL 33606**

**D
SHELDON J KING
6 VERONIQUE GARDENS
ILFORD, ESSEX IG6 1AR U.K.**

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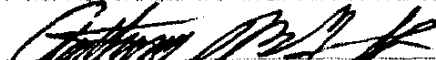
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*****165.00**

**CS
5/14/97**

14. 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.

SIGNATURE:



ANTHONY J.B. GREEN 26 APR 97 03 568-3343

(Type or print name of signing officer or director)

Date

Daytime Phone

CR2E034 (9/96)