PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000079906

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

24

EPI-ALHAMBRA II, INC.

EPFALITAVIDRA II, ING.		
Display Display of Business	Mailing Address	
Principal Place of Business	<u> </u>	
359 CAROLINA AVENUE	359 CAROLINA AVENUE WINTER PARK FL 32789	
WINTER PARK FL 32789	WINTEN FARR PE 32709	
2. Principal Place of Business	2a. Mailing Address	
21		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
22	27	
City & State	City & State	

29

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90111 030 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

09/26/1996 4. FEI Number

59-3410897

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereboagent. 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TITLE D PUGH, JAMES H JR. STREET ADDRESS 359 CAROLINA AVENUE 1.3 STREET ADDRESS 359 CAROLINA AVENUE 1.3 STREET ADDRESS	FL 85 Zip Code for the purpose of changing its registered y accept the appointment as registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereb 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 bits if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TITLE D OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES 13. ADDITIONS/CHANGES 13. ADDITIONS/CHANGES 14. CITY-ST-ZIP WINTER PARK FL 32789 14. CITY-ST-ZIP TITLE D DELETE 1.1 TITLE D DELETE 1.2 NAME 1.3 STREET ADDRESS 4.4 CITY-ST-ZIP TITLE D DELETE 3.59 CAROLINA AVENUE WINTER PARK FL 32789 1.4 CITY-ST-ZIP TITLE D DELETE 3.1 TITLE D DELETE 3.1 TITLE 3.2 NAME 3.3 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE AMME A CITY-ST-ZIP TITLE A CITY-ST-ZIP A CITY-ST-ZIP TITLE A CITY-S	for the purpose of changing its registered
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CITY-ST-ZIP 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 St	·

Country

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that it en 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/4/99 Bate

Daytime Phone #

~2E034 (11/98)