

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000090937

1. Corporation Name  
EPH OPH, INC.

Principal Place of Business  
2000-1 HENDRICKS AVE #40  
JACKSONVILLE FL 32207

Mailing Address  
2000-1 HENDRICKS AVE #40  
JACKSONVILLE FL 32207

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

25

Country

29

30

9. Name and Address of Current Registered Agent

SIFTON, PAUL  
2000-1 HENDRICKS AVE #40  
JACKSONVILLE FL 32207

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

Signature, typed or printed 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 D  
NAME SIFTON, PAUL  
STREET ADDRESS 2000-1 HENDRICKS AVE #40  
CITY-ST-ZIP JACKSONVILLE FL 32207

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change  Addition

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90038 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1996

4. FEI Number

59-3415140  Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing  \$5.00 May Be Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of New Registered Agent

CR2E034 (11/98)

4/7/99 904 876 0099  
Daytime Phone #