


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

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Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morsham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000060628
1. Corporation Name
EPIC MORTGAGE CORPORATION

Principal Place of Business Mailing Address
120 E. OAKLAND PARK BLVD. #102
FT LAUDERDALE FL 33334

3. Date Incorporated or Qualified 7/11/97
3a. Date of Last Report

2. Principal Place of Business 21 120 E. OAKLAND PARK BLVD Suite, Apt. #, etc. 22 102 City & State 23 FT LAUDERDALE FL Zip 24 33334	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 BROWARD Country 30	4. FEI Number 65-0767474 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

WENDY GRIFFIN
120 E. OAKLAND PARK BLVD #102
FT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	DELETED	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENDY GRIFFIN	1.2 NAME	
STREET ADDRESS	120 E. OAKLAND PARK BLVD #102	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	1.4 CITY-ST-ZIP	
TITLE	DELETED	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DELETED	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DELETED	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETED	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETED	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Wendy Griffin 4/24/98 954-564-3474
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)