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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra & Mortingm

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000104269 (0)
1. Corporation Name

EP WEST HOLDINGS CORPORATION

FILED Mar 12 1998 8:00am Secretary of State



			<u> </u>			/#	
Principal Place of Business Mailing Address						,,,, 0,410 1,201 0,,	110 1011 1001
39602 AMETHYST WAY		39602 AMETHYST WAY					
ZEPHYRHILLS F: 33540		ZEPHYRHILLS F: 33540		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
*					12/11/1997		
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number	Ar	plied For
21		26		59-3484739	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	
22		27		5. Certificate of Status Desired	Fee Re	equired	
City & State	<u> </u>				6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added 1	
Zıp	Country	Zip	Country 30		8. This corporation owes or has paid the cu		
24	9. Name and Address of Curren		101		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
		it undistain Adam	81	Name	10. Name and Address of New Negretares	Agviit	
AMERILAWYER							
	3 ALMERIA AVENUE		82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134			83	 			
			[55)
			84	City	FI	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 and familian with, and accept the obligations of, Section 607,0505, Florida Statutes.							
SIGNATURE Signature, Appell or profited name of registered agent and tille if applicable. (NOTE Registered Agent signature required when reinstating) DATE							
12.		D DIRECTORS	13.	ont aignature rad	ADDITIONS/CHANGES TO OFFICERS AN		IS IN 12
TITLE	PD	DELETE	1,1 TITLE		7,001110110,011111010110 10 01110110111	Change	Addition
NAME	PETERSON, DAVID	_	1.2 NAME				
STREET ADDRESS	39602 AMETHYST WAY		1.3 STREET	ADORESS			
CITY-ST-ZIP	ZEPHYRHILLS F: 33540		1.4 CITY- S	1			l'
TITLE	V O	DELETE	2.1 TITLE			Change	Addition
NAME	RISKIE, ROBERT		2.2 NAME	-			
STREET ADDRESS	39602 AMETHYST WAY		2.3 STREET	ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS F; 33540		2. 4 CITY-1				
TITLE	STD	DELETE	3.1 TITLE			Change	Addition
NAME	BRYANT, DEIDRA		3.2 NAME	-	•		
STREET ADDRESS	and a second control of the second se		3.3 STREET	ADDRESS			Į
CITY-ST-ZIP	ZEPHYRHILLS F; 33540		3.4 CITY-	S1-21P			
TIFLE			4.1 TITLE			Change	Addition
NAME			4. 2 NAME	}			ľ
STREET ADDRESS			4.3 STREET	ADDRESS			ľ
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE	ľ		Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			ļ
CITY - ST - ZIP			5.4 CITY - S	1-710			
TITLE			61 TITLE	(Change	☐ Addition
NAME			6.2 NAME	}			
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S				
14. I hereby c	certify that the information supplied w	ith this filing doos not qualify for	tne exemp	tion stated i	in Section 119.07(3)(i), Florida Statutes, I further of	ertity that the	Information

4. I bereby 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:

DAVID POTCESO

2-23-48

813- 720-4227