


FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90031 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000056051					
1. Corporation Name EPIC EQUIPMENT COMPANY					
Principal Place of Business 1808 ACME ST ORLANDO FL 32806			Mailing Address 1808 ACME ST ORLANDO FL 32806		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 06/22/1998					
4. FEI Number				Applied For <input checked="" type="checkbox"/> No 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 owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		
9. Name and Address of Current Registered Agent TOUZA, WILLIAM 9425 WOODBREEZE BLVD WINDERMERE FL 34786			10. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOT E: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE <input type="checkbox"/> DELETE NAME D TOUZA, WILLIAM STREET ADDRESS 9425 WOODBREEZE BLVD CITY-STATE-ZIP WINDERMERE FL 34786					
TITLE <input type="checkbox"/> DELETE NAME D TOUZA, JULIE S STREET ADDRESS 9425 WOODBREEZE BLVD CITY-STATE-ZIP WINDERMERE FL 34786					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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 Statutes. I further certify that the information indicates 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99 (407) 648-8009

CR2E034 (11/98)