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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 # **S01933**

1. Corporation Name

EPI-ALHAMBRA, INC.

Principal Place of Business Mailing Address						(:02:12:0 111 06:001 112:12 12:00 111:00 111:00		
359 CAROLINA AVE. WINTER PARK FL 32789	359 CAROLINA AVE. WINTER PARK FL 32789							
						DO NOT WRITE IN THI	S SPACE	
					3.	Date Incorporated or Qualifed 09/25/1990		
2. Principal Place of Business	Principal Place of Business 2a. Mailing Address					FEI Number		Applied For
11	26	26				<u>59-3038894</u>		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5.	Certifcate of Status Desired		Additional Required
City & State	City & State				6.	Election Campaign Financing Trust Fund Contribution		May Be
Zip Counti	28 Zip	Cou	ıntry		-	This corporation owes the current year I		
¬			0		8.	Personal Property Tax.	Yes	□No
	ess of Current Registered Agent	30	Ι		10.	Name and Address of New Registere	d Agent	
5, Italie and Addit	os or carrent registered rigent		81	Name				
JACOBY, GREG 359 CAROLINA AVE				82 Street Address (P.O. Box Number is Not Acceptable)				
			82					
WINTER PARK FL 32789			83					
***************************************			00					
			84	City		F	L 85 Zip	o Code
office or registered agent, or both	tions 607.0502 and 607.1508, Florida Statut i, in the State of Florida. Such change was a cept the obligations of, Section 607.0505, Flo	authorized	d by th	named cor ne corporat	poration ion's bo	n submits this statement for the purpose opered of directors. I hereby accept the app	of changing in continent as	ts registered registered
SIGNATURE								
Signature, typed or printed name			Agent :	signature requi				
	OFFICERS AND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS /	AND DIRECT	
TITLE P	☐ DELETE	1.1 Ti					Change	e Ct Addition
NAME PUGH, JAMES, H,		12 N	AME					
STREET ADDRESS 359 CAROLINA AV	E	1.3 S	TREET A	DDRESS				
CITY-ST-ZIP WINTER PARK FL			1.4 CITY-ST-ZIP					
TITLE V	☐ DELETE	2.1 TI	2.1 TITLE				Change	e
NAME JACOBY, GREG		2.2 N	AME					
STREET ADDRESS 359 CAROLINA AV	E	2.3 \$	TREET	DORESS				
CITY-ST-ZIP WINTER PARK FL		2.40	TY-ST	ZIP		,		
TITLE V	☐ DELETE	3.1 TI	TLE				☐ Chang	e Addition
NAME RIVA, KYLE, D		3.2 N	AME					
STREET ADDRESS 359 CAROLINA A	VE	3.3 S	TREET A	DORESS				
CITY-ST-ZIP WINTER PARK FL		3.4. 0	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 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.

4.1 TITLE

4. 2 NAME

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

BOEHART, GREG

WINTER PARK FL

359 CAROLINA AVE

TITLE

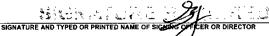
NAME

TITLE

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☐ DELETE

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