

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90047 018 ***150.00

DOCUMENT # S20539

(0) ✓

1. Corporation Name
EPS SERVICES, INCORPORATED



Principal Place of Business: 31 Street S. Petersburg, FL. 33712
Mailing Address: 530 31 Street S. St. Petersburg, FL 33712
TIS

Principal Place of Business	26	Mailing Address
Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
City & State	28	City & State
Zip	29	Country
Country	30	Country

3a. Date of this Report	12/10/1990	4/98
4. FEI Number	59-3042194	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. Has corporation any liability for inflicting the tax center in 1990-92, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
SHEETZ, EDGAR
6527 RENALDO WAY, SOUTH
ST. PETERSBURG FL 33707

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

Pursuant to the provisions of Sections 607.0802 and 607.1204, Florida Statutes, the above named corporation submits this statement for the purpose of filing 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 607.0802, Florida Statutes.

Signature, typed or printed name of registered agent and title, if applicable

OFFICERS AND DIRECTORS

NAME	DPT	<input type="checkbox"/> Deleted
ADDRESS	SHEETZ, EDGAR	
ST-ZIP	6527 RENALDO WAY, SOUTH ST. PETERSBURG FL	
NAME	DVS	<input type="checkbox"/> Deleted
ADDRESS	SHEETZ, PHYLLIS A.	
ST-ZIP	6527 RENALDO WAY, SOUTH ST. PETERSBURG FL	
NAME		<input type="checkbox"/> Deleted
ADDRESS		
ST-ZIP		
NAME		<input type="checkbox"/> Deleted
ADDRESS		
ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	ADDRESS	
	ST-ZIP	
	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	ADDRESS	
	ST-ZIP	
	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	ADDRESS	
	ST-ZIP	
	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	ADDRESS	
	ST-ZIP	

I do hereby certify that the information supplied with this filing does not qualify for the exemption set forth in Section 607.0802(3)(b), Florida Statutes. If any officer or director of the corporation or the receiver of the corporation or the receiver of the corporation is employed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, I changed, or on an attachment, my address.

SIGNATURE:

Phyllis A. Sheetz P. Phyllis A. Sheetz 4/29/99 727 822-9450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR