

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

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S33994** (2)
1. Corporation Name
EPICUREAN ENTERPRISES, INC.

Principal Place of Business 823 E. NEW HAVEN AVE. MELBOURNE FL 32901	Mailing Address 823 E. NEW HAVEN AVE. MELBOURNE FL 32901-5434
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2. Principal Place of Business 21 409 Trinidad Dr. Suite, Apt. #, etc.		2a. Mailing Address 26 409 Trinidad Dr. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/20/1991	3a. Date of Last Report 06/13/1996
22 City & State Satellite Bch. FL		27 City & State Satellite Bch, FL 3		4. FEI Number 59-3055906	Applied For Not Applicable
23 Zip FL 32937	25 Country USA	29 Zip 32937	30 Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BASILE, NANCY ESO 923 E NEW HAVEN AVE MELBOURNE FL 32901		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable) 409 Trinidad Dr.	
83		84 City Satellite Bch. FL 85 Zip Code 32937	

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	DPS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASILE, NANCY	1.2 NAME	
STREET ADDRESS	923 E NEW HAVEN AVE.	1.3 STREET ADDRESS	409 Trinidad Drive
CITY-ST-ZIP	MELBOURNE, FL 32901	1.4 CITY-ST-ZIP	Satellite Bch, FL 32937
TITLE	DVT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASILE, RALPH	2.2 NAME	
STREET ADDRESS	923 E. NEW HAVEN AVENUE	2.3 STREET ADDRESS	409 Trinidad Dr.
CITY-ST-ZIP	MELBOURNE, FL 32901	2.4 CITY-ST-ZIP	Satellite Bch, FL 32937
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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: Nancy Basile President Date: 4/20/97 407 773 9452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)