

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S56194 (1)

1. Corporation Name
EPO INVESTMENTS, INC.



Principal Place of Business
**10868 OVERSEAS HWY.
MARATHON FL 33050
US**

Mailing Address
**10868 OVERSEAS HWY.
MARATHON FL 33050
US**

3. Date Incorporated or Qualified **05/28/1991** 3a. Date of Last Report **05/01/1995**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		5. Certificate of Status Desired			
72 COCO PLUM DRIVE		72 COCO PLUM DRIVE		65-0263930		<input type="checkbox"/> \$8.75 Additional Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For		6. Election Campaign Financing			
				Not Applicable		<input type="checkbox"/> \$5.00 May Be Added to Fees			
City & State		City & State		Trust Fund Contribution		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Zip	Country	Zip	Country						

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OTT, PATRICIA H.
10868 OVERSEAS HIGHWAY
MARATHON FL 33050**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
72 COCO PLUM DRIVE
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 *Patricia H. Ott* **Patricia H. Ott** **4/12/96**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		
TITLE	CP	<input type="checkbox"/> DELETE
NAME	OTT, EDWARD J.	
STREET ADDRESS	745-98TH STREET OCEAN	
CITY-ST-ZIP	MARATHON FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	OTT, PATRICIA H.	
STREET ADDRESS	745-98TH ST. OCEAN	
CITY-ST-ZIP	MARATHON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-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-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Patricia H. Ott* **Patricia H. Ott** **4/12/96** **305-743-6862**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)