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

FILED Apr 30 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (6)S58906 EPTECH INC. Principal Place of Business Mailino Address 5MO SORPERATE WAY 7 49 U.S. Hwy Ouls 5713 CORPORATE WAY SUITE 100 SUITE 100 DO NOT WRITE IN THIS SPACE - 56 m & 3. Date Incorporated or Qualified 06/07/1991 2a. Mailing Address 4. FEI Number Applied For 65-0275778 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 29 Personal Property Tax due June 30. 25 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SVERDAHL, R K 749 U.S. Hwy ONE 82 Street Address (P.O. Box Number is Not Acceptable) 33408 Reach, FL 83 84 City 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 fair liquid with, and accept the obligations of, Section 607.0505, Florida Statutes. e of registered agent as diable if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change TITLE 1.1 TITLE SVERDAHL, R K NAME 749\_USHWY ONE STREET ADDRESS 1.3 STREET ADDRESS N PALM BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 33408 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5 1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 THLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 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 supplicmental 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

STREET ADDRESS CITY-ST-ZIP

Block 12 or Block 13 if cha

inged, or on an attachment with an address