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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01/25/21

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90014 032 ***150.00

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1. Corporation Name
EPIC TECHNOLOGIES, INC.

Principal Place of Business
8122 CANYON LAKE CIR
ORLANDO FL 32835-5373

Mailing Address

8122 CANYON LAKE CIR
ORLANDO FL 32835-5373

2. Principal Place of Business
21 724 ANTILLES RD NE

Suite, Apt. #, etc.

2a. Mailing Address

26 724 ANTILLES RD NE

Suite, Apt. #, etc.

22 City & State

23 PALM BAY, FL

Zip 24 32907 Country 25 USA

27 City & State

28 PALM BAY, FL

Zip 29 32907 Country 30 USA

9. Name and Address of Current Registered Agent

STAFNE, MARK A.
8122 CANYON LAKE CIR
ORLANDO FL 32811

81 Name SIGLEY, BRADLEY M.

82 Street Address (P.O. Box Number is Not Acceptable)
724 ANTILLES RD. NE

83

84 City PALM BAY FL 85 Zip Code 32907

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 *Bradley M. Sigley, Bradley M. Sigley*

April 7, 1999

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

(NOTE: Registered Agent signature required when reinstating)

CR2034 (11/98)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME STAFNE, MARK A.
STREET ADDRESS 8122 CANYON LAKE CIR
CITY-ST-ZIP ORLANDO FL

DELETE

1.1 TITLE PRESIDENT Change Addition
1.2 NAME SIGLEY, BRADLEY M.
1.3 STREET ADDRESS 724 ANTILLES RD. NE
1.4 CITY-ST-ZIP PALM BAY, FL 32907

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
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 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.

SIGNATURE: *Mark A. Stafne X Bradley M. Sigley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(407) 951-0857

Daytime Phone #