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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V61067

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EPIC FINANCIAL GROUP, INC.

FILED Apr 25 1997 8:00am Secretary of State

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WALKER, BETTY W 5091 WESTMINSTER DR FT MYERS FL 33919 82 Steet Address (P.O. Box Number is Not Acceptable) 11. Pursuant to title provisions of Sectors 507 0502 and 507.1508, Fiorida Statutes, the above-varient corporation submits this statement for the pursose of changing its registered agent, or both, in the State of Fiorida Subch change was authorized by the corporation's board of directors. I nereby secept the appointment as registered agent, term familiar winn, and accept the obligations of, Sectors 607.0505, Fiorida Statutes SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12 ITILE 14. DUMALKER, CARL A. 5091 WESTMINSTER DR 15. SIRREL ADDRESS DITY-ST-ZP TITLE 15. WALKER, BETTY W. 5091 WESTMINSTER DR 15. SIRREL ADDRESS DITY-ST-ZP TITLE 15. SIRREL ADDRESS DITY-ST-ZP TITLE 16. SIRREL ADDRESS D	24 339/9.			0 4	EE					
### State Address (P.O. Box Number is Not Acceptable) ### City			Registered Agent			10. Name and Address of New Rec	lstered A	gent		
TI. Pursuant to the provisions of Sectoric CO7 05:07 and 607 15:08, Florids Statutes, the above named corporation submits this statement for the purpose of changing in a registered agent, or both, in the State of Froirids Statutes, the above named corporation's board of directors. I heroby accept the appointment as registered agent, or both, in the State of Froirids Statutes agent. I am familiar with, and accept the obligations of Sectoric 607:00:05, Florids Statutes. SIGNATURE TILL OFFICERS AND DIRECTORS TILL OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILL WALKER, CARL A. 5091 WESTMINSTER DR 1.3 SIRLI ALDRESS FT MYERS FL 1.2 SIRLI ALDRESS FT MYERS FL 1.3 SIRLI ALDRESS FT MYERS FL 1.3 SIRLI ALDRESS FT MYERS FL 2.3 SIRLI ALDRESS FT MYERS FL 2.3 SIRLI ALDRESS FT MYERS FL 1.4 CINC SI-2P TILL 1.5 Change Addition Addition ANAME SIRRET ADDRESS OITY-ST-2P TILL 1.5 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILL D Change Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILL D Change Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILL D Change Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILL D Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILL D Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILL D Change Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN				81	Name					
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### City ### Display Code ### City ### Display	FT A	AYERS FL 33919		L		·				
Pursuant to the provisions of Sections CO7 0502 and 607 1508, Florids Statutes, the above-named corporation submis this statement for the purpose of changing its registered agent, or both, in the State of Florids Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or melling the state of Florids Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids Such change by as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both accept the obligations of Section 67, 050, Florids Statutes by the corporation's board of directors. I hereby accept the appointment as registered agent, or both accept the obligations of Section 67, 050, Florids Statutes by the corporation's board of directors. I hereby accept the appointment as registered agent, or both accept the obligations of Section 67, 050, Florids Statutes by the corporation's board of directors. I hereby accept the appointment as registered agent, or both accept the obligations of Section 67, 050, Florids Statutes the corporation's board of directors. I hereby accept the appointment as registered agent, or both accept the development of the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the development of the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the development of the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the development of the corporation's board of directors. I hereby accept the purpose of the facility and accept the development of the corporation's board of directors. In the corporation's part of the facility and accept th				83	"					
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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 and members with, and accept the obligations of, Section 607.05.05, Florida Statutus. 12.				"	City		FL	210	Code	
Signature Sign	11, Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abo	e-named corp	oration submits this statement for the pr	irpose of i	changing i	ts registered	
Signature Sign	Office or I	registered agent, or both, in the State of am familiar with, and accept the obliga	ol Florida. Such change was au lions of Section 607 0505. Flori	lhorized b da Statute	y the corporati	ion's board of directors. I hereby accep	t the appo	intment as	registered	
12.	1 -	an turning with and dooopt the congo	1010 01, 0001017 001 10000, 11017							
THILE	SIGNATURE	Signature, typod or printed name of registered agen	Land Me if applicable (NOTE I	logistered Ap	iont signature require	eo when reinstating)	DATE			
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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.

BETTY W. WALKER