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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 357000 111

FILED May 12 1998 8:00am Secretary of State

	ER & ASSOCIATES, INC.							
Principal Place of Business Mailing Address					1 100100 11101 01111 10110 10110 10111 0011 0111	Biğir Giğil Bibli Çi	7011 01011 1 98 1	
P.O. BOX 533562 ORLANDO FL 32653-0562		P.O. BOX 533562 ORLANDO FL 32853-0562						
UNLANDO	rc 320334002	UNLANDO PL 32833-030	0€		DO NOT WRITE IN TH	IS SPACE		
					Date Incorporated or Qualified 01/12/1970]
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		pplied For	1
21		├ ─┐	26		59-1285372	P+-	lot Applicable	1
Suite, Ap	i. #, etc.	Suite, Apt. #, etc.	 		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be			+
23		28		Trust Fund Contribution	•	l to Fees		
Zip	Country Zip		Cour	ntry	8. This corporation owes or has paid the current year Intangible			1
24	25 29 29 29 29 29 29 29 29 29 29 29 29 29		30		Personal Property Tax due June 30. Yes No			-
		ant Hegistered Agent		81 Name	10. Name and Address of New Registere	a Agent		$\frac{1}{2}$
	ARKER, M ARK V. JR. 1 6 EU CLID AVE.							1
ORLANDO FL 32801				82 Street Add	dress (P.O. Box Number is Not Acceptable)			
_			Ī	63				1
			}	84 City		85 Zip	Code	1
						L		1
11, Pursuan office or	registered agent, or both, in the Statement and accept the obli	te of Florida, Such change was realions of Section 607,0505, FL	tes, the ab authorized lorida Stali	ove-named cor by the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as	s registered	
SIGNATURE		<u> </u>					· · ·	
12,	Signature, typed or printed name of migistered a OLFTCERS A	ND DIRECTORS (NO.	13.	Agent signature requ	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12	16
TITLE	P	DELETE	1.1 101	LE T	TODATION OF THE TOTAL OF THE TO	Change	Addition	905
NAME	BARKER JR, MARK V		1.2 NAME					
STREET ADDRESS 716 EUCLID AVE.			1.3 STREET ADDRESS					132
CITY-ST-ZIP	ORLANDO, FL 00000		1.4 CITY-ST-ZIP					٦
TITLE	VPD	DELETE	21 TITLE			[_] Change	Addition	C
NAME	BARKER, GEORGIANA B.		2.2 NA/	1				
STREET ADDRESS				REFT ADDRESS				1
CITY-ST-ZIP TITLE	ORLANDO, FL 00000	DELETE	2. 4 CIT	IY-ST-ZIP		Change	Addition	┨
NAME		EJ OSCETE	3.2 NA	ì		ondrige	AUGILION	1
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP				TY- ST-ZIP				
TITLE		DELETE	4.1 TITI			Change	Addition	1
NAME			. 4.2 NA	ME				
STREET ADDRESS			4.3 STA	HEET ADDRESS				}
CITY-ST-ZIP			4.4 CITY - ST - ZIP					
TITLE	_ ::	☐ DELETE	5.1 TITLE		-	Change	Addition	
NAME			5.2 NAI	ME				1
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP		DOUTE	5.4 Cit	Y-ST-ZIP			A stable =	-
TITLE						Change	Addition	
NAME OTODEY ADDRESS			6.2 NAM	i				
STREET ADDRESS		1	RET ADDRESS				-	
CITY-ST-ZIP	certify that the information sumplied	with this films does not qualify f		Y-ST-ZIP	Section 119 07/3Vi) Florida Statutes I further	certify that the	e information	1

locs not quarry for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information I is true and accurate and that my signalure shall have the same legal effect as if made under oath, that I am an Eempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in