

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**

**97 SEP 4 PM 1:48**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P94000083961 (0)**

1. Corporation Name  
**EHRlich AND STARK, INC.**



Principal Place of Business  
**1922 SW YORK LANE  
 PALM CITY FL 34990  
 US**

Mailing Address  
**1922 SW YORK LANE  
 PALM CITY FL 34990  
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/14/1994</b>		3a. Date of Last Report <b>07/02/1996</b>	
4. FEI Number <b>65-0545660</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. Principal Place of Business <b>1838 HWY 35 #51D</b>	22. Suite, Apt. #, etc. <b>#51D</b>	23. City & State <b>WALL, NJ</b>	24. Zip <b>07719</b>
25. Country <b>US</b>	26. Mailing Address <b>1838 HWY 35</b>	27. Suite, Apt. #, etc. <b>#51D</b>	28. City & State <b>WALL, NJ</b>
29. Zip <b>07719</b>	30. Country <b>US</b>		

9. Name and Address of Current Registered Agent <b>NEUGEBAUER, MARY T 1922 SW YORK LANE PALM CITY FL 34990</b>		10. Name and Address of New Registered Agent	
81. Name <b>MARY T. NEUGEBAUER</b>	82. Street Address (P.O. Box Number is Not Acceptable) <del>1838 HWY 35</del>	83. <del>#51D</del>	84. City <del>WALL, NJ</del>
	85. Zip Code <b>FL 07719</b>		

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>NEUGEBAUER MARY T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NEUGEBAUER, MARY T</b>		1.2 NAME <del>NEUGEBAUER MARY T</del>	
STREET ADDRESS <b>1922 SW YORK LANE</b>		1.3 STREET ADDRESS <del>1838 HWY 35 #51D</del>	
CITY-ST-ZIP <b>PALM CITY FL 34990</b>		1.4 CITY-ST-ZIP <del>WALL, NJ 07719</del>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>NEUGEBAUER JOHN H</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NEUGEBAUER, JOHN H</b>		2.2 NAME <del>NEUGEBAUER JOHN H</del>	
STREET ADDRESS <b>1922 SW YORK LANE</b>		2.3 STREET ADDRESS <del>1838 HWY 35 #51D</del>	
CITY-ST-ZIP <b>PALM CITY FL 34990</b>		2.4 CITY-ST-ZIP <del>WALL, NJ 07719</del>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS <b>\$BANK</b>	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE \_\_\_\_\_ 7-27-97 (908) 926-8117

CR2E034 (4/97)