

**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 11/14/1994		3a. Date of Last Report 07/02/1996	
4. FEI Number 65-0545660		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 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 1838 HWY 35 #51D	22. Suite, Apt. #, etc. #51D	23. City & State WALL, NJ	24. Zip 07719
25. Country US	26. Mailing Address 1838 HWY 35	27. Suite, Apt. #, etc. #51D	28. City & State WALL, NJ
29. Zip 07719	30. Country US		

9. Name and Address of Current Registered Agent

**NEUGEBAUER, MARY T
1922 SW YORK LANE
PALM CITY FL 34990**

10. Name and Address of New Registered Agent

81. Name MARY T. NEUGEBAUER	82. Street Address (P.O. Box Number is Not Acceptable) 1838 HWY 35	83. Suite, Apt. #, etc. #51D	84. City WALL, NJ	85. Zip Code 07719
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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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE NEUGEBAUER MARY T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NEUGEBAUER, MARY T		1.2 NAME NEUGEBAUER MARY T	
STREET ADDRESS 1922 SW YORK LANE		1.3 STREET ADDRESS 1838 HWY 35 #51D	
CITY-ST-ZIP PALM CITY FL 34990		1.4 CITY-ST-ZIP WALL, NJ 07719	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE NEUGEBAUER JOHN H	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NEUGEBAUER, JOHN H		2.2 NAME NEUGEBAUER JOHN H	
STREET ADDRESS 1922 SW YORK LANE		2.3 STREET ADDRESS 1838 HWY 35 #51D	
CITY-ST-ZIP PALM CITY FL 34990		2.4 CITY-ST-ZIP WALL, NJ 07719	
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 \$BANK	
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 _____ 7-22-97 (908) 926-8117

CR2E034 (4/97)