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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000083961

EHRLICH AND STARK, INC.

Mailing Address Principal Place of Business 1838 HIGHWAY 35 183B HIGHWAY 35 #51D #51D WALL NJ 07719 WALL NJ 07719

## **FILED** Jan 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/14/1994 2a. Mailing Address 4. FE! Number Applied For 2. Principal Place of Business 319 CARTER Not Applicable 26 65-0545660 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country Zin 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. ☐ Yes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name NEUGEBAUER, MARY T 1922 SW YORK LANE Street Address (P.O. Box Number is Not Acceptable) PALM CITY FL 34990 83 City Zip Code 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition ☐ DELETE 1.1 TIBE | | Change TITLE NEUGEBAUER, MARY T 1.2 NAME NAME 1922 SW YORK LN. 1.3 STREET ADDRESS STREET ADDRESS PALM CITY FL 34990 1.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE TITLE 2.1 TITLE NEUGEBAUER, JOHN H 2.2 NAME NAME 1838 HIGHWAY 35, #51D 2.3 STREET ADDRESS STREET ADDRESS WALL NJ 07719 2. 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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: