PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000085015

ERB ENTERPRISES, INC.

Principal Place	e of Business	Mailing Address					
26702 BERMUD		26702 BERMUDA DRIVE TAVARES FL 32778					
TAVARES FL 32778 TAVARES FL 32778				DO NOT WRITE IN TH	S SPACE		
				3. Date Incorporated or Qualifed			
				10/14/1996			
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Apr	lied For	
	INCO OF DUSINESS	26		59-3410047	Not	Applicable	
Suite, Apt.	# ***	Suite, Apt. #, etc.	<u>.~ "</u>		\$8.75 A	dditional	
	w. etc.	27		5. Certificate of Status Desired	Fee Rec	quired	
22		City & State		6. Election Campaign Financing	\$5.00	May Ro	
City & Stat				Trust Fund Contribution	Added to		
23	Country	Zip	Country	8. This corporation owes the current year t			
Zip		29 30	· · •	Personal Property Tax.	☐Yes	⊠ (No	
24	25	11	<u>и </u>	10. Name and Address of New Registere			
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Haline sile rindises of the sales			
BAGGIO, RONALD							
			82 Street Add	ddress (P.O. Box Number is Not Acceptable)			
26702 BERMUDA DRIVE							
IAV/	ARES FL 32778		83				
			84 City		. 85 Zip C	ode	
			1 1 1 1 1	F	L(`		
11, Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes,	the above-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its (registered sistered	
office of I	registered agant, or both, in the State im familiar with, and accept the obliga	i of Florida. Such change was auth ations of, Section 607,0505, Florida	onzec by the corporati a Statutes.	Oil & DOZIG OI GIRCODIS. I Hereby docopt and app		,	
•		,					
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re	gistered Apent signature require				
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		Change	☐ Addition	
NAME	BAGGIO, RONALD		1.2 NAME				
STREET ADDRESS	AATAA DEDLAIDA DODE		1.3 STREET ADDRESS	•			
• • • • • • • • • • • • • • • • • • • •	TAVARES FL 32778		1.4 CITY-ST-ZIP				
CITY-ST-ZIP	D	□ DELETE	2.1 TITLE		Change	Addition	
TITLE	1 -		2.2 NAME				
NAME	BAGGIO, EVA	ļ				1	
STREET ADDRESS	,,_,_	. تا مصد ده دری سا	2.3 STREET ADDRESS				
CITY-ST-ZIP	TAVARES FL 32778	=	2.4 CITY-ST-ZIP		Change	Addition	
TITLE	1	☐ DELETE	3.1 TILE		□ ⇔iside	L) AUGUSUT	
NAME	}	•	3.2 NAME	•			
STREET ADDRESS	l		3.3 STREET ADDRESS	_			
			D D D D U CEL 1 DD 1 - 1 DD 1 - 1 DD 1				
CITY-ST-7IP			3.4. CITY-ST-ZIP				
CITY-ST-ZIP		DELETE			Change	☐ Addition	

CITY-ST-ZIP 14. I 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, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

TILE

NAME

πLE

NAME

GOING OFFICER OR DIRECTOR

DELETE

☐ DELETE

Addition

☐ Addition

☐ Change

Change

FILED

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90022 028 ***150.00