

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

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90095 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S37044**

1. Corporation Name
EREM, INC.



Principal Place of Business
 2700-C NW 43RD STREET
 GAINESVILLE FL 32606

Mailing Address
 2700-C NW 43RD STREET
 GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **2772-S NW 43 St.**

2a. Mailing Address
 26 **2772-S NW 43 St.**

3. Date Incorporated or Qualified
03/12/1991

4. FEI Number
59-3054399

22 Suite, Apt. #, etc.
 23 **Gainesville, FL**

27 Suite, Apt. #, etc.
 28 **Gainesville, FL**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 Zip **32606** 25 Country **USA**

29 Zip **32606** 30 Country **USA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLDEN, CHARLES I., JR.
 2700-C NW 43RD ST.
 GAINESVILLE FL 32606

81 Name **Holden, Charles I. Jr.**
 82 Street Address (P.O. Box Number is Not Acceptable) **2772-S NW 43 St.**
 83 **Gainesville**
 84 City **FL** 85 Zip Code **32606**

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	DPT	<input checked="" type="checkbox"/> DELETE
NAME	SPEKTOR, ERYK	
STREET ADDRESS	2700-C NW 43RD ST.	
CITY-ST-ZIP	GAINESVILLE-FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOLDEN, CHARLES I., JR.	
STREET ADDRESS	2700-C NW 43RD ST.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SPEKTOR, MIRA	
1.3 STREET ADDRESS	2772-S NW 43 St.	
1.4 CITY-ST-ZIP	Gainesville, FL 32606	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Holden, Charles I. Jr.	
2.3 STREET ADDRESS	2772-S NW 43 St.	
2.4 CITY-ST-ZIP	Gainesville, FL 32606	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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.

SIGNATURE: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/6/99** Daytime Phone # **(215) 790-5836**

CR2E034 (1/1/98)