FILE	NOW: FILING FEE	AFTI	ER MAY 1 I	S \$2	25.	00					
PROFIT CORPORATION ANNUAL REPORT 1996			FL ORIDA DEPARTM Sandra B M Secretary of DIVISION OF CO		Mortham of State						
DOCUMENT # 384829 (8)											
1. Corporation h	Name ER PROPERTIES, INC.								I 1811 BABA BA	) <b>8:8</b> 11 <b>8:8</b>	
	of Business RSITY DR., STE: #350 FL 33907-5343		Mailing Address 12800 UNIVERSITY DR., STE, #350 FORT MYERS FL 33907-5343				13000 000 400		I		
							3. Date Incorporated of <b>06/30/1971</b>	r Qualified	3a. Date	of Last F 5/01/19	Report 995
2. Principal Plac	be of Business	2a. 26	Mailing Address				4. FEI Number 59-135726	3			Applied For Not Applicable
Suite, Apt. #,	, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status	Desired			5 Additional Required
City & State		28	City & State				Election Campaign     Trust Fund Contribu	-			00 May Be ed to Fees
_3\> 24]	Country 25	29	Zip	30	ountry		8. This corporation hat Florida Statutes		intangible ta:	cunder s	; 199.032,
	g. Name and Address of Current		tered Agent		81	Name	10. Name and Addres	s of New F	Registered A	gent	
SUITE 3 FORT M	YERS FL 33919	and 60	7.1508. Florida Statut	es. the a	82 83 84	City	Address (P.O. Box Number is N	nt for the p	FL roose of cha	naina its	Zip Code
or registere famil ar with	d agent, or both, in the State of Floric n, and accept the obligations of, Section	la Sach	i change was authoriz	red by th	e corp	oration's	board of directors. Thereby acc	copt the app	póintment as	registere	d <b>a</b> gerit. Lam
SIGNATURE	Signature, typed or protest har ic of registered age it:					v segratine n	arcred when her statings		ווגנו	DIDEOT	
12.	OFFICERS AND	) DIREC	TORS DELETE	1;	3. 1 THEF		ADDITIONS/CHANG	JES TO OF	***	Change	
NAME STREET ADORESS	TAYLOR, ROBERT M. 15260 FIDDLESTICKS BLVD.			1:	2 NAME	ADDRESS					
CITY-ST-ZI <sup>2</sup>	FT. MYERS FL				4 CITY - 5						
TITLE NAME	DIXON, JAMES H. 12800 UNIVERSITY DR., STE	350	DELETE	2	1 TOTLE 2 NAME					] Change	: 🔲 Addition
STREET ADDRESS CHY-ST-ZIP	FORT MYERS FL	550			3 STREET 4 CITY - S	i address Si-zip					
TITLE	P		☐ DELETE		1 TITLE					Change	e 🔲 Addition
NAME	BLACKETER, JOE 5749 SANDPIPER PLACE				2 NAME						
STREET ADDRESS	FT. MYERS FL				3 STREE 4 City - S	T ADDRESS					
CITY-ST-ZIP TITLE	- \$1		DELFTE		) TITLE	3 [11			Ī	Change	Addition
NAME	WEAVER, CAROL	950		4	2 NAME						
STREET ADERESS	12800 UNIVERSITY DR., STE FORT MYERS FL	. 500		- 1		T ADDRESS					
CITY - ST - ZIP TITLE	S		DELETE		4 Cil y - ! 1 Tille	51 · ZIF	Linda M. Susze			Change	e 🔀 Addition
NAMÉ	BLACK, KATHY			1	2 NAME		12800 Universi		ve - #2	260	
STREET ADDRESS	12800 UNIVERSITY DR., STE	: 350				I ADDRESS	Fort Myers, FI	<b>L</b>			
CITY - ST - ZIP	FORT MYERS FL AS	,	DELETE		4 CiTy -:	SI - 7:P			г	Change	e
TITLE NAME	BENNETT, JO ANN		A Decen		2 NAME						

CITY-ST-ZF

ONNIDEL FL

14. I do horeby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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:

SIGNATURE:

SIGNATURE:

SIGNATURE

SI

1817 SERENITY LANE

NAME

CR2E034 (12/95)