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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 544132 (4)

1. Corporation Name
ERICKSON ENTERPRISES, INC.



Principal Place of Business

4255 NO TAMiami TrL
NAPLES FL 33940
US

Mailing Address

1860 BOY SCOUT DR.
SUITE 201
FORT MYERS FL 33907-2197

3. Date Incorporated or Qualified
08/30/1977

3a. Date of Last Report
02/27/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 4640 SE 9TH PLACE

27 Suite, Apt. #, etc.

28 City & State

CAPE CORAL, FL

29 Zip

33904

30 Country

USA

4. FEI Number

41-1309254

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

ERICKSON, WILLIAM D.
1860 BOY SCOUT DR.
SUITE 201
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4640 SE 9TH PLACE

83

84 City

CAPE CORAL

FL

85 Zip Code

33904

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 of registered agent or person authorized to file (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ERICKSON, WILLIAM D	
STREET ADDRESS	1860 BOY SCOUT DR., #201	
CITY - ST - ZIP	FT MYERS, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ERICKSON, DONALD	
STREET ADDRESS	1860 BOY SCOUT DR., #201	
CITY - ST - ZIP	FT MYERS, FL 0	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ERICKSON, WILLIAM, D	
STREET ADDRESS	1860 BOY SCOUT DR., #201	
CITY - ST - ZIP	FT MYERS, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ERICKSON, VIMIAN T	
STREET ADDRESS	1860 BOY SCOUT DR 201	
CITY - ST - ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4640 SE 9TH PLACE
1.4 CITY - ST - ZIP	CAPE CORAL, FL 33904
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4640 SE 9TH PLACE
2.4 CITY - ST - ZIP	CAPE CORAL, FL 33904
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4640 SE 9TH PLACE
3.4 CITY - ST - ZIP	CAPE CORAL, FL 33904
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	4640 SE 9TH PLACE
4.4 CITY - ST - ZIP	CAPE CORAL, FL 33904
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/97 941-564250

CR2E034 (9/96)