

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morth Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **601377** (5)
1. Corporation Name
ERICKSON, COSTELLO, BUTLER, & ERICKSON, PA.



Principal Place of Business
**1280 W. LANTANA RD., #1
LANTANA FL 33462**

Mailing Address
**1280 W. LANTANA RD., #1
LANTANA FL 33462-1590**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/10/1969	3a. Date of Last Report 03/14/1996
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.			4. FEI Number 59-1272975	Applied For Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ERICKSON, NEIL E
1280 W. LANTANA RD., #1
LANTANA FL**

10. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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

Signatures, 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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICKSON, NEIL E	1.2 NAME	
STREET ADDRESS	420 NO. COUNTRY CLUB DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	LANTANA FL 33462	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, SANDY L.	2.2 NAME	
STREET ADDRESS	476 GLENBROOK	2.3 STREET ADDRESS	
CITY - ST - ZIP	LANTANA FL 33462	2.4 CITY - ST - ZIP	
TITLE	TRE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICKSON, TODD E	3.2 NAME	
STREET ADDRESS	4274 PINE CONE LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL 33436	3.4 CITY - ST - ZIP	
TITLE	ST	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, DAVID S.	4.2 NAME	
STREET ADDRESS	4740 BUCIDA RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL 33436	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 #

0329688

CR2E034 (9/96)