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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 629457 1. Corporation Name					02-17-1999 90026 009 ***	*150.00	
,	ERBECK, INC.						
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Principal Plac	ce of Business	Mailing Address			t cente aine teste tett bied 2011 is St St	DIE STATE DIN DE NEUT E	61611 G1811 10E1
		P.O. BOX 431346	O. BOX 431346 G PINE KEY FL 33043				
US TINE KET	FE 33043	DIO PINE ACT PL 33043			DO NOT WRITE IN TI	HS SPACE	
{					3. Date Incorporated or Qualifed		
					07/11/1979		
	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-1924591	No	t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 / Fee Re	
City & Sta	te	City & State			O Fladin Committee Financia		•
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 Added		
Zip	Country	Zip	Countr	у	8. This corporation owes the current year		
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Register	ed Agent	
OVE	RBECK, HAROLD L		81	1 Name			
	63 RANGE AVE		82	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
4	PINE KEY FL 33043		83	3	3 1 2 2 3 3 3 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3	<u>andan sanga berasa</u> Taji Pakagaran Sanga	35 ° 1 ' 1 ' 1 ' 1 ' 1
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			84	4 City		85 Zip (Code Y 1 111
	4- 44						
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Unice or r	registered agent, or both, in the State of the obligation of the o	of Florida. Such change was au tions of, Section 607.0505, Flor	ithorized by ida Statute:	the corporats.	ion's board of directors. I hereby accept the ap	of changing its pointment as re	registered gistered
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

305-872-4319

FILED

Feb 17, 1999 8:00am

Secretary of State