

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

FILED
May 09 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 # F68573 (7)
1. Corporation Name
ERALCO INC.



Principal Place of Business 14622 FAMILY TRAILS AVE. HUDSON FL 34669 US	Mailing Address 14622 FAMILY TRAILS AVE. HUDSON FL 34669 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/24/1982	3a. Date of Last Report 09/19/1996
		4. FEI Number 59-2301305	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

GAETAN, GESSAT
14622 FAMILY TRAILS AVE.
HUDSON FL 34669

10. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized 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 fee if applicable

(NOTE: Registered agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	GESSAT, GAETAN	
STREET ADDRESS	14622 FAMILY TRAILS AVE	
CITY-ST-ZIP	HUDSON FL	
TITLE	S	DELETE
NAME	GESSAT-BOUCKAERT, MICHELE	
STREET ADDRESS	14622 FAMILY TRAILS AVE	
CITY-ST-ZIP	HUDSON FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	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] MICHELE BOUCKAERT GESSAT Secy. 4/28/97 813 85638 21

CR2E034 (9/96)