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May 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000006220

1. Corporation Name
ERAWEST, INC.



Principal Place of Business
 1250 ROGERS STREET, SUITE D
 CLEARWATER FL 33756

Mailing Address
 1250 ROGERS STREET, SUITE D
 CLEARWATER FL 33756

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 44 SE First Avenue

2a. Mailing Address
 26 44 SE First Avenue

Suite, Apt. #, etc.
 22 Suite 209

Suite, Apt. #, etc.
 27 Suite 209

City & State
 23 Ocala Florida

City & State
 28 Ocala Florida

Zip Country
 24 34471 25 USA

Zip Country
 29 34471 30 USA

3. Date Incorporated or Qualified
 11/12/1998

4. FEI Number Applied For
 87-0447340 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 owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

RUGG, JOSEPH W
 201 N. FRANKLIN STREET, SUITE 2100
 TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

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, 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 PD DELETE
 NAME HINSON, ROBERT E
 STREET ADDRESS 1250 ROGERS STREET, SUITE D
 CITY-ST-ZIP CLEARWATER FL 33756

1.1 TITLE PD Change Addition
 1.2 NAME C. Franklin Speight
 1.3 STREET ADDRESS 44 SE First Avenue Suite 209
 1.4 CITY-ST-ZIP Ocala, FL 34471

TITLE TSC DELETE
 NAME FLOWER, NICHOLAS P
 STREET ADDRESS 1250 ROGERS STREET, SUITE D
 CITY-ST-ZIP CLEARWATER FL 33756

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME D John Sharples
 3.3 STREET ADDRESS 44 SE First Avenue Suite 209
 3.4 CITY-ST-ZIP Ocala, FL 34471

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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.

SIGNATURE: *[Signature]* REQUIRED

4-29-99 (352) 690-1121

CR2E034 (11/98)