FILE NOW: FILING FEE AFTER MAY 1ST IS $150.00

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
Jan 29 1998 8:00am
Secretary of State

DOCUMENT # J54365 (8)

1. Corporation Name
ERIN CONSTRUCTION CO., INC.

Principal Place of Business	Mailing Address
% MICHAEL P. SMODISH. ESQ. 555 N CONGRESS AVE. STE 301. POB 642 BOYNTON BEACH FL 33426	% MICHAEL P. SMODISH. ESQ. 555 N CONGRESS AVE. STE 301. POB 642 BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1987

2. Principal Place of Business	2a. Mailing Address
21 SIS N. Flagler Dr.	26 SIS N. Flagler Dr.
Suite, Apt. #, etc. 22 STE 300-P	Suite, Apt. #, etc. 27 STE 300-P
City & State 23 West Palm Bch, FL.	City & State 28 West Palm Bch, FL
Zip / Country 24 33401 / 25	Zip / Country 29 33401 / 30

4. FEI Number: 59-2763266 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMODISH, MICHAEL P., ESQ. 555 NORTH CONGRESS AVE, STE 301 BOYNTON BEACH FL 33426	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1. TITLE	☐ Change ☐ Addition
NAME	PARKER, JOHN DAVID		1. NAME	
STREET ADDRESS	7355 CANAL DR		1. STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL		1. CITY-ST-ZIP	
TITLE	DST	☐ DELETE	2. TITLE	☐ Change ☐ Addition
NAME	PARKER, DEBORAH		2. NAME	
STREET ADDRESS	7355 CANAL DR		2. STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL		2. CITY-ST-ZIP	
TITLE		☐ DELETE	3. TITLE	☐ Change ☐ Addition
NAME			3. NAME	
STREET ADDRESS			3. STREET ADDRESS	
CITY-ST-ZIP			3. CITY-ST-ZIP	
TITLE		☐ DELETE	4. TITLE	☐ Change ☐ Addition
NAME			4. NAME	
STREET ADDRESS			4. STREET ADDRESS	
CITY-ST-ZIP			4. CITY-ST-ZIP	
TITLE		☐ DELETE	5. TITLE	☐ Change ☐ Addition
NAME			5. NAME	
STREET ADDRESS			5. STREET ADDRESS	
CITY-ST-ZIP			5. CITY-ST-ZIP	
TITLE		☐ DELETE	6. TITLE	☐ Change ☐ Addition
NAME			6. NAME	
STREET ADDRESS			6. STREET ADDRESS	
CITY-ST-ZIP			6. CITY-ST-ZIP	

CR2E034 (10/97)

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.

SIGNATURE: Deborah Parker Deborah Parker 1-23-98 561-965-5096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #