


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K09922 (1) 1. Corporation Name ERICKSON MANAGEMENT COMPANY, INC.					
Principal Place of Business 4640 SE 9TH PLACE CAPE CORAL FL 33904 US			Mailing Address 4640 SE 9TH PLACE CAPE CORAL FL 33904 US		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 814 S. 46TH LANE Suite, Apt. #, etc. 22 SUITE 3 City & State 23 CAPE CORAL, FL Zip 33904 Country USA		2a. Mailing Address 26 814 SE 46TH LANE Suite, Apt. #, etc. 27 SUITE 3 City & State 28 CAPE CORAL, FL Zip 33904 Country USA		3. Date Incorporated or Qualified 01/01/1988	
4. FEI Number 65-0017873		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent ERICKSON, WILLIAM D. 4640 SE 9TH PLACE CAPE CORAL FL 33904				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable) 814 SE 46TH LN #3					
83					
84 City CAPE CORAL FL 85 Zip Code 33904					

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

1-7-97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPT	<input type="checkbox"/> DELETE		1.1 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERICKSON, WILLIAM D.			1.2 NAME	ERICKSON, WILLIAM D.		
STREET ADDRESS	4640 SE 9TH PLACE			1.3 STREET ADDRESS	814 SE 46TH LN #3		
CITY-ST-ZIP	CAPE CORAL FL			1.4 CITY-ST-ZIP	CAPE CORAL, FL 33904		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERICKSON, DONALD			2.2 NAME	ERICKSON, DONALD		
STREET ADDRESS	4640 SE 9TH PLACE			2.3 STREET ADDRESS	814 SE 46TH LN #3		
CITY-ST-ZIP	CAPE CORAL FL			2.4 CITY-ST-ZIP	CAPE CORAL, FL 33904		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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:  WILLIAM D. ERICKSON - 1-98 941-540-4250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0423022

CR2E034 (10/97)