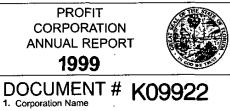
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90030 042 ***150.00

ERICKSO	on management compa	NY, INC.							
Principal Place	e of Business	Mailing A	ddress		 -	- 1 (08) 01() 01() 01() 01()	O LIBIO ITOL BLOCK	Elfil Albii alalı a	6 6 6 90
814 S 46TH LA	ANE	814 S.E. 4	6TH LANE		•				
STE. 3		STE. 3							
CAPE CORAL F	FL 33904	*	RAL FL 33904				RITE IN THIS	SPACE	
US		US				3. Date Incorporated or Qualif	ed		
						01/01/1988			
2. Principal P	Place of Business	2a. Mailin	g Address			4. FEI Number		-	plied For
21		26		-		65-0017873			t Applicable
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A Fee Re	í
City & Stat	te ·	City 8	State			6. Election Campaign Financir	ng 🖂	\$5.00	May Be
23		28	_			Trust Fund Contribution,	. s 🗆	Added to	o Fees
Zip	Country	Zip	_	Country	-	8: This corporation owes the c	urrent year In	tangible	1
24	25	29	3	30	aren of	Personal Property Tax.			□No
1	9. Name and Address of Curre	nt Registered	Agent -		,	10. Name and Address of Ne	w Registered	l Agent	
FDIC	CALLER OF THE CONTRACT OF THE			81	Name				
FRIC814	CKSON, WILLIAM D. S.E. 46TH LANE	Mit Wing		82	Street Addre	ss (P.O. Box Number is Not Acce	ptable).		
#3				83		100	6 · 5 \$ 5 \$ 46.	st. 12 (414) t	46 3811115
CAP	E CORAL FL 33904				eric eggi e		111/4/19/14	194 per 110 c	131 819 13 11
				84	City :		FL	85 Zip C	Jode
11 Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.150	8. Florida Statutes	s, the above	e-named corpo	ration submits this statement for t		f changing its	registered
office or r	registered agent, or both, in the State	of Florida, Suc	b shanas was au	نبط امسسسا	the corneration	i's board of directors. I hereby ac	cept the appo	sintment as rec	nistered
- 960 agent. La	am familiar with, and accept the obliga	ations of, Section	п 607.0505, Florid	da Statutes		TO DODING OF CHOOSING, I HOLODY GO		·	giotolog
SIGNATURE	am familiar with, and accept the obliga	ations of, Section		da Statutes	it signature required		DATE	<u></u>	g
SIGNATURE	am familiar with, and accept the obligation of registered age	ations of, Section	in 607.0505, Florid	da Statutes	-		DATE		
- 960 agent. La	am familiar with, and accept the obligation of registered age	ations of, Section	in 607.0505, Florid	Qa Statutes	-	when reinstating)	DATE		
SIGNATURE	signature, typed or printed name of registered age OFFICERS AN	ations of, Section	in 607.0505, Florid ie(NOTE: R	Registered Agen	-	when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AND ERICKSON, WILLIAM D.	ations of, Section	in 607.0505, Florid ie(NOTE: R	Registered Agen 13. 1.1 TITLE 1.2 NAME	-	when reinstating)	DATE	ND DIRECTO	RS IN 12
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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 chapted or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Daytime Phone #

CR2E034 (11/98)