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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 154967

141

1. Corporation	ER ENTERPRISES, INC.)/ (1)							
Principal Place	e of Business	Mailing Address				4 JERNIELL BEN BINN DIRBN LRIEB BINLE 4061 OIDIN DIREK	OTERN OLDS MINISTER		
% PATRICIA M. SCHEPER 3840 STH AVE. NORTH ST. PETERSBURG FL 33713		% PATRICIA M. SCHEPER 3840 5TH AVE. NORTH ST. PETERSBURG FL 33713			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified				
Principal P	lace of Business	2a, Mailing Address	failing Address			03/01/1990 4. FEI Number	Appli	ed For	
21		26				59-2994810		pplicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			·	5. Certificate of Status Desired	\$8.75 Add	litional	
City & State	e	City & State				8. Election Campaign Financing	\$5.00 M	av Be	
23		28				Trust Fund Contribution	Added to F		
Zip 24	Country 25	Zip 29	30			Personal Property Tax due June 30.			
	g. Name and Address of Cur	rent Registered Agent		81	Name	10. Name and Address of New Registered	Agent		
3840 5TH AVE. NORTH ST. PETERSBURG FL 33713			[82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 [85]			85 Zip Coo	de	
SIGNATURE						rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	changing its recointment as rec	egistered gistered	
12.	Signature, typed or printed name of regulfreed agent and title if applicable (NOTE: I OFFICERS AND DIRECTORS			Registered Agent signature requ		uired when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	N 12	
TriLE	D DELETE			1.1 THLE		ADDITIONO/OHANGEO TO OFFICENS AND		Addition	
NAME	SCHEPER, PATRICIA M.		1.2 NAI	1.2 NAME					
STREET ADDRESS			1.3 STR	1.3 STREET ADDRESS				ì	
CITY-ST-ZIP	GULFPORT FL			1.4 CITY- ST-ZIP					
TITLE	DELETE		2.1 T//	2.1 TITLE			Change	Addition	
NAME			2.2 NA	2.2 NAME					
STREET ADDRESS	EET ADDRESS		2.3 STR	2.3 STREET ADDRESS				į	
CITY-ST-ZIP			2. 4 CIT	2.4 CITY-ST-ZIP					
TITLE	LE DELETE		3 1 TIFL	.F			☐ Change ☐	Addition	
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 STR	EET /	ADDRESS			Ì	
CITY-ST-ZIP			3.4. CIT	Y-S	iT-ZIP			ł	

6.2 NAME 6.3 STREET ADDRESS 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 is 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 chapter 607, and that my name appears in Block 12 or Block 13 if chapter 607.

4. 2 NAME

5 1 TITLE

5.2 NAME

6.1 TITLE

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

DELETE

Change

Change

Change

Addition

Addition

Addition

FILED

Mar 23 1998 8:00am

Secretary of State