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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L90233

(2)

ERLANGER ASSOCIATES, INC.

FILED
Apr 09 1997 8:00am
Secretary of State

PHILLIPS PO	ice of Business INT LER DR.,8TH FLOOR, WEST TOWER BEACH FL 33401	Mailing Address PHILLIPS POINT 777 S. FLAGLER DR. 8TH FLOOR. WEST TOWER WEST PALM BEACH FL 33401-8161 (Address to the control of the control					
					3. Date Incorporated or Qualified 07/31/1990	3a. Date of Las 04/09/199	
Principal Place of Business 1		2e. Mailing Address 26		4. FEI Number 65-0208157		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		00 May Be	
Z(p)	Country Zip Cou		Count	ry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes Yes		
	9. Name and Address of Currer	nt Registered Agent	<u> </u>		10. Name and Address of New Re-	gistered Agent	
W	OLFE, LARRY		8	1 Name		F	
200-A JOHN KNOX BLVD. TALLAHASSEE FL 32303-6643				2 Street Add	lress (P.O. Box Number is Not Acceptab	le)	
			8	3			
			8	4 City		E1 85 Z	ip Code
11. Pursuan office or agent 1	t to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	12 and 607.1508, Florida State of Florida Such change was ations of Section 607.0505, [tutes, the abo s authorized Florida Statut	ve-named corpora by the corpora es.	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changin at the appointment	g its registered as registered
SIGNATURE							
	Signature, typed or printed name of registered ag r		OTE: Registered A	gent signature requi	ired when reinstating)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
TITLE	FOLANOED BIOLIADD A	P DELETE 1.				[] Chang	ge 🔛 Addition
NAME	ERLANGER, RICHARD, A		1.2 NAM		•		
STREET ADDRESS	8TH FLOOR, WEST TOWER WEST PALM BEACH FL		1.3 STRE	ET ADDRESS			
CHY-ST-ZIF	WEST FALM BEACH FL		1.4 CITY				
TITLE		L DELETE	2.1 TITLE			L Chang	ge L Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STRE	ET ADDRESS			
CITY-ST-20P			2 4 City	-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE	☐ DELETE 3.		3 1 TITLE			Chang	ge 🔲 Addition
NAME			3.2 NAM				
STREET ADORESS			3.3 STRE	ET ADDRESS			
CHTY-ST ZIF			3 4. CITY	-ST-ZiP			
TITLE		☐ DELETE	DELETE 4.1 TITLE			Chang	ge 🔲 Addition
NAME	4.		4. 2 NAM	E			
STREET ADDRESS	ODRESS 4.3		4.3 STAE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST				
TITLE		☐ DELETE	DELETE 5.1 TITLE			☐ Chang	ge Addition
NAME			5.2 NAMI				
STREET ADDRESS			5.3 STRE	ET ADDRESS			ļ
CH1-ST-ZIP			5.4 City	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Chang	ge Addition
NAME			6.2 NAME	:			
STREET ADDRESS			6.3 STRE	ET ADDRESS			

SIGNATURE: Description of Printed Name (RICHARD A. ERLANGER) 1/47 561-820-946

6.4 CITY-ST-ZIP

14. For 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