## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT CORPORATION** ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

P9300001213 (6)

EHRLICH MARKETING CORP.

Principal Place of Business	
520 S LONGVIEW DI ACC	

Mailing Address



Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Ci	LONGWOOD FL 32779		LONGWOOD FL 32779								
25   Sunta, Apt. 4, etc.   25   Suita, Apt. 6, etc.   27   Suita, Apt. 6, etc.   27   Suita, Apt. 6, etc.   27   Suita, Apt. 6, etc.   28   Suita, Apt. 6, etc.   28   Suita, Apt. 6, etc.   27   Suita, Apt. 6, etc.   28   Suita, Apt. 6, etc.   29   Suita, Apt. 6,							3. [				•
Salto, Apt. 4, etc.    Salto, Apt. 4, etc.	2. Principal Pla	ce of Business	2a. Mailing Address				4. F				Applied For
City & State 28   City & State 29   Country   20   Country   20   Country   20   Country   20   Country   20   Country   20   30   Country   20   Country   20   30   Country   20   Country   20   30   Country   20   Country	21		26					<u>59-3157711</u>		]	Not Applicable
20	Suite, Apt. #	, etc.	<del></del>				5. 0	Certificate of Status Desired			
Zep	City & State							, -			
25   29   30   10. Name and Address of Current Registered Agent   10. Name and Address of Name Registered Agent   10. Name Registered Regist		Country	<del></del>	Co	ountry		<b>8.</b> T	his corporation has liability of i	ntangible ta		
S. Name and Address of Current Registered Agent	24	25	29	30							
EHRILCH, HARRY K 529 S LONGWEW PLACE LONGWOOD FL 32779  14. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Stafules, the above-named corporation submits this statement for the purpose of changing fit registered office or registered agent, or both, in the State of Broads. Such change was authorized by the comporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Broads. Such change was authorized by the comporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Broads. Such change was authorized by the comporation's board of directors. I hereby accept the appointment as registered office or registered agent, i bent approach agent as the state of Broads. Such change was authorized by the comporation's board of directors. I hereby accept the appointment as registered agent, i bent approach agent ag		<ol><li>Name and Address of Curren</li></ol>	t Registered Agent		L		10. J	lame and Address of New R	egistered A	gent	
S28 S LONGVIEW PLACE LONGWOOD FL 32779   85   3/10 Code   8/10					81	Name					
S28 S LONGVIEW PLACE LONGWOOD FL 32779   85   3/10 Code   8/10	EHRILIC	CH. HARRY K			82	Street A	Address (P.O	Box Number is Not Acceptable	le)		
STREET ADDRESS   STRE					02	Direct A	o. i) ecanour	. Dox Hombor is Not Hooptab	0)		
### City ###					83			<del>,</del> ,	<del></del>		
11. Pursuant to the provisions of Sections 607 0500 and 607 1506, Pricide Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered appert, or both, in the State of Priceds, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am and accept the obligations of, Section 607.0505, Florida Statutes.    Signature	2011211				84	City				85 2	tip Gode
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 thro obligations of, Section 607-0505, Florida Statutes.    Signature   Sig	44.5	H	10024500 6 11 0 14							ـــلــــــــــــــــــــــــــــــــــ	
NOTE   Report or private name of registrate Agent and the if appricate Pagent and private required size of secretary of the recipitation   DATE	or registere	d agent, or both, in the State of Florid	ta. Such change was authorize	ed by the	oorp	oration's b	poration sui board of dire	ctors. I hereby accept the appo	intment as	nging its registered	d agent. I am
TITLE	SIGNATURE	signature, typed or printed name of registered agent	and tite if applicable (NOT	TE: Register	ed Agen	t signature req	quired when reins	stating <sup>1</sup>	DATÉ		
NAME		OFFICERS AND		13	).		A	DDITIONS/CHANGES TO OFFI			ORS IN 12
STREET ADDRESS   S29 S LONGVIEW PLACE   1.3 STREET ADDRESS   1.4 CITY-S1-ZIP	TITLE	•	DELETE	1, 1	TITLE					] Change:	☐ Addition
LONGWOOD FL 32779	NAME			1.2	NAME						
TITLE   D   DELETE   2 1 TITLE   Change   Addition	STREET ADDRESS	529 S LONGVIEW PLACE		1.3	STREET	ADDRESS					
NAME   EHRLICH, JANE M.   22 NAME   23 STREET ADDRESS   529 S. LONGVIEW PLACE   24 CITY-ST-ZIP   11 LE   Change   Addition   Addit	CITY-ST-ZIP	LONGWOOD FL 32779		1.4	CITY-S	T-ZIP					
STREET ADDRESS   529 S. LONGWIEW PLACE   23 STREET ADDRESS   24 CITY-ST-ZIP	TITLE		☐ DELEYE	2 1	TITLE	-				] Change	Addition
CHY-ST-ZIP	NAME			2.2	NAME						
DELETE   DELETE   3 1 TITLE   Change   Addition     NAME   32 NAME     STREET ADDRESS   33 STREET ADDRESS     CHY-ST-ZIP   34 CHY-ST-ZIP     TITLE   DELETE   1 TITLE   Change   Addition     NAME   42 NAME     STREET ADDRESS   43 STREET ADDRESS     CHY-ST-ZIP   44 CHY-ST-ZIP     TITLE   DELETE   5 1 TITLE   Change   Addition     NAME   STREET ADDRESS     STREET ADDRESS   STREET ADDRESS     CHY-ST-ZIP   S4 CHY-ST-ZIP     TITLE   DELETE   S6 CHY-ST-ZIP     TITLE   DELETE   DELETE   DELETE   DELETE   DELETE     TITLE   DELETE	STREET ADDRESS			2.3	STREET	ADDRESS					
NAME		LONGWOOD FL		24	CITY - S	T - ZIP		· · · · · · · · · · · · · · · · · · ·			<del></del>
STREET ADDRESS   33 STREET ADDRESS   34 CITY - ST - ZIP			☐ DELETE	3. 1	TITLE	į				] Change	■ Addition
STREET ADDRESS   SACRET ADDRESS   SACR											
TITLE	STREET ADDRESS			3.3	STREET	ADDRESS					
NAME	<del>-</del>		f=1 pr. ryr			I - ZIP				<del></del> -	
A STREET ADDRESS			[□] DETE(F						L.	] Unangr	Addition
CITY-ST-ZIP									•		i
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME											l
NAME         52 NAME           STREET ADDRESS         53 STREET ADDRESS           CITY-ST-ZIP         54 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         62 NAME           STREET ADDRESS         63 STREET ADDRESS			€ DELETE			T-ZIP				7 Chasa	Addition
STREET ADDRESS			☐ DETELE						L.	T cusula.	Mandibil
CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change Addition           NAME         62 NAME           STREET ADDRESS         6.3 STREET ADDRESS				1							!
TITLE         DELETE         6.1 TITUE         Change         Addition           NAME         62 NAME           STREET ADDRESS         6.3 STREET ADDRESS											
NAME 52 NAME 52 NAME 5.3 STREET ADDRESS			T DCIETE			T-ZIP			-	7 Chase	Addition
STREET ADDRESS 6.3 STREET ADDRESS			Thereic	•					L	] Charige	☐ woodou
<b>9</b>											l
CITY-ST-7IP				•							l
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further		certify that the information supplied	with this filing is voluntarily furnic				ify for the ev	emotion stated in Section 119	17/3\/\/\ El~	ida Stel	tos I further

certify that the information indicated or oath; that I am an officer or director of appears in Block 12 or Block 13 if characters.

**SIGNATURE:** 

SIGNATURE AND TYPHO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR