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Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000005885 (7)

1. Corporation Name
ERIN FINANCIAL GROUP, INC.

Principal Place of Business
130 HUNTERS TRAIL
LONGWOOD FL 32779

Mailing Address
130 HUNTERS TRAIL
LONGWOOD FL 32779-3052



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/25/1993	3a. Date of Last Report 02/16/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3169075		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

HIGGINS, ERIN
130 HUNTERS TRAIL
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	HIGGINS, JOHN	1.2 NAME	
STREET ADDRESS	130 HUNTERS TRAIL	1.3 STREET ADDRESS	
CITY, ST, ZIP	LONGWOOD FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	
NAME	HIGGINS, MARGARET	2.2 NAME	
STREET ADDRESS	130 HUNTERS TRAIL	2.3 STREET ADDRESS	
CITY, ST, ZIP	LONGWOOD FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	
NAME	DENMON, JULIE	3.2 NAME	
STREET ADDRESS	113 STEEPLE CHASE CIRCLE	3.3 STREET ADDRESS	
CITY, ST, ZIP	SANFORD FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY - ST - ZIP	

14. I do 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: 1-16-97 407-839-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)