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

Mar 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # P93000005885 (7) ERIN FINANCIAL GROUP, INC. Principal Place of Business Mailing Address 130 HUNTERS TRAIL 130 HUNTERS TRAIL LONGWOOD FL 32779 LONGWOOD FL 32779 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/25/1993 4. FEI Number Applied For 59-3169075 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent HIGGINS, ERIN **130 HUNTERS TRAIL** LONGWOOD FL 32779 83 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 per familiar with, any accept the opinional special statutes.

SIGNATURE SUMMERS SIGNATURE SUMMERS SIGNATURE SUMMERS SIGNATURE SUMMERS. 12. 13. DELÉTE TITLE HIGGINS, JOHN NAME 1.2 NAME 130 HUNTERS TRAIL STREET ADORESS 1.3 STREET ADDRESS LONGWOOD FL CITY ST-7IP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE HIGGINS, MARGARET NAME 22 NAME **130 HUNTERS TRAIL** STREET ADDRESS 2.3 STREET ADORESS LONGWOOD FL 2.4 CITY-\$1-ZIP CITY-ST-ZIP Addition DELETE Change 31 TITLE TITLE DENMON, JULIE NAME 3.2 NAME 113 STEEPLE CHASE CIRCLE STREET ADDRESS 3.3 STREET ADDRESS 3a771 SANFORD FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition TITLE 4.1 TOLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE

6.2 NAME

14. Thereby certify that the information supplied with this filling 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 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 corp. on on the receiver or truffice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the proof of the corp. On the corp. On the receiver of the corp. On t

63 STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: A

**FILED**