

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P93000017077 (7)**

1. Corporation Name  
**THE ERIKSEN CORPORATION**



Principal Place of Business: **HWY 17 ZOLFO SPRINGS FL 33890**  
Mailing Address: **2403 LOST BALL DRIVE SEBRING FL 33872**

3. Date Incorporated or Qualified: **03/03/1993**      3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0402373**      Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**ERIKSEN, FRED  
2403 LOST BALL DRIVE  
SEBRING FL 33872**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      FL      85 Zip Code

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. Thereby 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 registering.)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>D</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>ERIKSEN, FRED</b>        |                                 |
| STREET ADDRESS | <b>2403 LOST BALL DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>SEBRING FL 33872</b>     |                                 |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>ERIKSEN, PILAR</b>       |                                 |
| STREET ADDRESS | <b>2403 LOST BALL DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>SEBRING FL 33872</b>     |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                |  |
|--------------------|--------------------------------|--|
| 1.1 TITLE          | <b>VP SALES</b>                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>JAMES LAWRENCE</b>          |  |
| 1.3 STREET ADDRESS | <b>POBOX 1822</b>              |  |
| 1.4 CITY-ST-ZIP    | <b>ZOLFO SPRINGS FL 33890</b>  |  |
| 2.1 TITLE          | <b>VP PART &amp; INVENTORY</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>VIERNIE LAWRENCE</b>        |  |
| 2.3 STREET ADDRESS | <b>POBOX 1822 ZO</b>           |  |
| 2.4 CITY-ST-ZIP    | <b>ZOLFO SPRINGS FL 33890</b>  |  |
| 3.1 TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                                |  |
| 3.3 STREET ADDRESS |                                |  |
| 3.4 CITY-ST-ZIP    |                                |  |
| 4.1 TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                |  |
| 4.3 STREET ADDRESS |                                |  |
| 4.4 CITY-ST-ZIP    |                                |  |
| 5.1 TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                |  |
| 5.3 STREET ADDRESS |                                |  |
| 5.4 CITY-ST-ZIP    |                                |  |
| 6.1 TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                |  |
| 6.3 STREET ADDRESS |                                |  |
| 6.4 CITY-ST-ZIP    |                                |  |

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 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 in an attachment with an address.

SIGNATURE: *Fred Eriksen*      **FRED ERIKSEN**      6/7/96      941 7352007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (12/95)