

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

FILED
Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33872-9853
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3. Date Incorporated or Qualified 03/03/1993	3a. Date of Last Report 06/12/1996
4. FEI Number 65-0402373	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country
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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 B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code FL
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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 D	<input type="checkbox"/> DELETE ERIKSEN, FRED 2403 LOST BALL DRIVE SEBRING FL 33872	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	<input type="checkbox"/> DELETE ERIKSEN, PILAR 2403 LOST BALL DRIVE SEBRING FL 33872	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPS	<input checked="" type="checkbox"/> DELETE JAMES LAWRENCE P.O. BOX 188E ZOLFO SPRINGS FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	<input checked="" type="checkbox"/> DELETE VEIRNEIZ, LAWRENCE P.O. BOX 1882 ZOLFO SPRINGS FL	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Fred Eriksen* 1/11/97 901 735 2007
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)