

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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **P93000049318 (7)**
 1. Corporation Name
EXPENSE REDUCTION ANALYSIS, INC.



Principal Place of Business: **104 RESERVE CIR UNIT 108 OVIEDO FL 32765**
 Mailing Address: **4250 ALAFAYA TRAIL 212-144 OVIEDO FL 32765-0412 US**

3. Date Incorporated or Qualified: **07/14/1993**
 3a. Date of Last Report: **02/02/1996**
 4. FEI Number: **59-3191182**
 5. Certificate of Status Desired: Applied For Not Applicable
 6. Election Campaign Financing Trust Fund Contribution: **\$8.75 Additional Fee Required**
 7. Election Campaign Financing: **\$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: **16 COTHAM RD SUITE 277 KEW VIC 3101 AUSTRALIA**
 2a. Mailing Address: **16 COTHAM RD SUITE 277 KEW VIC 3101 AUSTRALIA**

9. Name and Address of Current Registered Agent: **COLLINS, DAMIAN 104 RESERVE CIRCLE #108 OVIEDO FL 32765**
 10. Name and Address of New Registered Agent: **PAUL CHATHAM 919 W. HIGHWAY 436 SUITE 300 ALTAMONTE SPRINGS FL 32714**

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: *Paul Chatham* DATE: **4/16/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS JENNINGS, MICHELLE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	104 RESERVE CIRCLE #108	1.2 NAME	
STREET ADDRESS	OVIEDO FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VT COLLINS, DAMIAN	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	104 RESERVE CIRCLE, #108	2.2 NAME	
STREET ADDRESS	OVIEDO FL	2.3 STREET ADDRESS	16 Cotham Rd Suite 277
CITY-ST-ZIP		2.4 CITY-ST-ZIP	KEW, VIC 3101 AUSTRALIA
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 attached document with an address.
 SIGNATURE: *DAMIAN COLLINS* DATE: **4/20/97** 011-61-39-898-0208
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)