

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

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

2. Principal Place of Business

21 16 COTHAM RD

Suite, Apt. #, etc.

22 SUITE 277

City & State

23 KEW VIC

Zip

24 3101

Country

25 AUSTRALIA

2a. Mailing Address

26 16 COTHAM RD

Suite, Apt. #, etc.

27 SUITE 277

City & State

28 KEW VIC

Zip

29 3101

Country

30 AUSTRALIA

9. Name and Address of Current Registered Agent

COLLINS, DAMIAN
104 RESERVE CIRCLE
#108
OVIEDO FL 32765

3. Date Incorporated or Qualified

07/14/1993

3a. Date of Last Report

02/02/1996

4. FEI Number

59-3191182

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

10. Name and Address of New Registered Agent

81 Name

PAUL CHATHAM

82 Street Address (P.O. Box Number is Not Acceptable)

919 W. HIGHWAY 436

83

SUITE 300

84 City

ALTAMONTE SPRINGS FL

85 Zip Code

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

(NOTE: Registered Agent signature required when re-stating)

4/16/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE
NAME JENNINGS, MICHELLE
STREET ADDRESS 104 RESERVE CIRCLE #108
CITY-ST-ZIP OVIEDO FL

TITLE VT ☐ DELETE
NAME COLLINS, DAMIAN
STREET ADDRESS 104 RESERVE CIRCLE, #108
CITY-ST-ZIP OVIEDO FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 16 COTHAM RD SUITE 277
2.4 CITY-ST-ZIP KEW, VIC 3101 AUSTRALIA

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

Paul Chatham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97

Date

011-61-39-898-0208

Daytime Phone #

0070812

CR2E034 (9/96)



FILED
May 16 1997 8:00am
Secretary of State