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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY+ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000049318 (7) DOCUMENT #

EXPENSE REDUCTION ANALYSIS, INC.

34 STIRLING ROAD 34 STIRLING ROAD **CLAREMONT WA 6010** CLAREMONT WA 6010 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/14/1993 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3191182 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Zip Country 8. This corporation owes or has paid the current year intangible Country Personal Property Tax due June 30. Yes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent В1 Name CHATHAM, PAUL 919 W. HIGHWAY 436 Street Address (P.O. Box Number is Not Acceptable) **SUITE 300** 83 ALTAMONTE SPRINGS FL 32714 Zip Code 84 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** Signature, typed or printed name of rog stered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition Change DELETE PS 1.1 TITLE TITLE Jennings, Michelle 34 Stirling RD JENNINGS, MICHELLE 1.2 NAME NAME 104 RESERVE CIRCLE #108 1.3 STREET ADDRESS STREET ADDRESS AUSTRALIA OVIEDO FL CLAREMONT WA 6010 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE COLLINS, DAMIAN 2.2 NAME NAME 16 COTHAM RD, SUITE 277 2.3 STREET ADDRESS STREET ADDRESS KEW VI 2. 4 C|TY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. C|TY - ST - ZIP CITY-ST-ZIP ___ Addition DELETE Change 4.1 TO LE TITLE NAME 4. 2 NAME

14. I 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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4.4 CiTY-ST-ZIP

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

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FILED

Mar 02 1998 8:00am

Secretary of State

Addition

Addition

Change

Change