

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000009718 (5)**

1. Corporation Name
ERKURO, INC.



Principal Place of Business

**6512 SUPERIOR AVE.
SARASOTA FL 34231**

Mailing Address

**6512 SUPERIOR AVE.
SARASOTA FL 34231**

3. Date Incorporated or Qualified 01/27/1994	3a. Date of Last Report 07/28/1995
4. FEI Number 65-0469343	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**BYRD, H.R.
6512 SUPERIOR AVE.
SARASOTA FL 34231**

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 607.0902 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

11. TITLE	S	<input type="checkbox"/> DELETE
12. NAME	BYRD, RICHARD H	
13. STREET ADDRESS	6512 SUPERIOR AVE.	
14. CITY, ST, ZIP	SARASOTA FL 34231	
15. TITLE	P	<input type="checkbox"/> DELETE
16. NAME	RABAU, KIRT	
17. STREET ADDRESS	% 6512 SUPERIOR AVE.	
18. CITY, ST, ZIP	SARASOTA FL 34231	
19. TITLE	V	<input type="checkbox"/> DELETE
20. NAME	RABAU, RONNIE	
21. STREET ADDRESS	% 6512 SUPERIOR AVE.	
22. CITY, ST, ZIP	SARASOTA FL 34231	
23. TITLE		<input type="checkbox"/> DELETE
24. NAME		
25. STREET ADDRESS		
26. CITY, ST, ZIP		
27. TITLE		<input type="checkbox"/> DELETE
28. NAME		
29. STREET ADDRESS		
30. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY, ST, ZIP		
15. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME		
17. STREET ADDRESS		
18. CITY, ST, ZIP		
19. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME		
21. STREET ADDRESS		
22. CITY, ST, ZIP		
23. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME		
25. STREET ADDRESS		
26. CITY, ST, ZIP		
27. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME		
29. STREET ADDRESS		
30. 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 on an attachment with an address.

SIGNATURE: *H.R. Byrd* **H.R. BYRD**

1/17/96 941-921-5549

CR2E034 (12/95)