

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

FILED

Jan 23 1997 8:00am
Secretary of State

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

DOCUMENT # **P94000021977 (1)**

1. Corporation Name
EREV, INC.



Principal Place of Business 1858 RINGLING BLVD. SARASOTA FL 34236	Mailing Address 1858 RINGLING BLVD. SARASOTA FL 34236-5917
---	--

3. Date Incorporated or Qualified 03/22/1994	3a. Date of Last Report 03/27/1996
--	--

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	4. FEI Number 65-0485568	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GEBHARD, H. DIETER
1858 RINGLING BLVD.
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name RENEA M. GLENDINNING
82 Street Address (P.O. Box Number is Not Acceptable) 1858 RINGLING BLVD.
83
84 City SARASOTA
85 Zip Code FL 34236

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 *Renea M. Glendinning*

(NOTE: Registered Agent signature required when reinstating)

DATE **1/14/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSD-	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GEBHARD, DIETER H.		1.2 NAME	
STREET ADDRESS 1858 RINGLING BLVD.		1.3 STREET ADDRESS	
CITY - ST - ZIP SARASOTA FL		1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Schwarze, Erhard	
STREET ADDRESS		2.3 STREET ADDRESS 1858 Ringling Blvd.	
CITY - ST - ZIP		2.4 CITY - ST - ZIP Sarasota, FL 34236	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE D, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Schwarze, Eva	
STREET ADDRESS		3.3 STREET ADDRESS 1858 Ringling Blvd.	
CITY - ST - ZIP		3.4 CITY - ST - ZIP Sarasota, FL 34236	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Jager, Matthias	
STREET ADDRESS		4.3 STREET ADDRESS 1858 Ringling Blvd.	
CITY - ST - ZIP		4.4 CITY - ST - ZIP Sarasota, FL 34236	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME Glendinning, Renea	
STREET ADDRESS		5.3 STREET ADDRESS 1858 Ringling Blvd.	
CITY - ST - ZIP		5.4 CITY - ST - ZIP Sarasota, FL 34236	
TITLE	<input type="checkbox"/> DELETE	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 attachment with an address.

SIGNATURE:

Erhard Schwarze
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Erhard Schwarze President 1/14/97 941 365-4617

Date

Daytime Phone #

0427140

CR2E034 (9/96)