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

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #	P94000037832	(0)
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ERIC ENTERPRISES, INC.											
Principal Place	of Business	М	ailing Address				[£0 11110 HOL 1001	
1240 SW 21S BOCA RATON US		I	1240 SW 21ST STREET BOGA RATON FL 33486 US								
		,					3. Date Incorporated or Qualified 05/16/1994	1	te of Last F 05/01/19	•	
2. Principal Pla	ce of Business	2a.	Mailing Address				4. FEI Number 65-0510917			Applied For Not Applicable	
Suite, Apt. #	, etc.	1201	Suite, Apt. #, etc.	***************************************						5 Additional	
22		27					5. Certificate of Status Desired			Required	
City & State			Orty & State				6. Election Campaign Financing		\$5.0)0 May Be	
23		28		T			Trust Fund Contribution			ed to Fees	
Zip 24	Country 25	29	Zφ	30	intry		8. This corporation has liability for in Florida Statutes		ax under s	. 199.032,	
*. * L	9. Name and Address of Current		tered Agent	.1301	Ι		10. Name and Address of New Ro		Agent		
					81	Name					
	L, CHARLES P				82	Street Ado	ress (P.O. Box Number is Not Acceptable	e)			
	FEDERAL HWY, 150 ATON FL 33487				83						
					84	City			85 Z	ip Code	_
11 Durament to	a the provisions of Sections 607.0530	20d FO	7 1509 Florida Statuta	o the ob	<u> </u>	amad aaraa	wation autority this abstract for the purpose	FL		rapistarad offic	
or registere	ed agent, or both, in the State of Florida	a. Such	h change was authorize	s, the abo ed by the	corpo	pration's boa	oration submits this statement for the purp and of directors. I hereby accept the appo	oose of cr intment a	anging its s registere:	registered onic d agent. I am	Э
	h, and accept the obligations of, Section	in 607.	.0505, Florida Statutes.								
SIGNATURE:	Signature, typed or printed name of registered again a	nd tite if	applicable (NO)	F: Flagistere	i Agent	t signature requir	od when reinstating)	DATE			
12.	OFFICERS AND	DIREC	CTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTO	ORS IN 12	(12/95)
TITLE	CP		DELETE	1 11	ITLE				Change	Addition [
NAME	VAN VOORHIS, NANCY Z			12 N	AME						R2E034
STREET ADDRESS	1240 SW 21ST STREET			13 S	TREET	ADDRESS					Щ
CITY-ST-ZIP	BOCA RATON FL		☐ DELETE		HTY - S	T - ZIP			Channa	TTL Addition	_ સુ
TITLE	VST		[] DECETE	2 1 1					Change	Addition	
NAME STREET ADDRESS	VAN VOORHIS, DAVID C 1240 SW 21ST STREET			22 N		ADDDECC					
City-St-ZiP	BOCA RATON FL				IPEET NY-S'	ADDRESS					
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NAME			<u></u>	3 2 N	AME					•	1
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				3.4 0	11Y-\$	T-21P					
TITLE			DELETE	4. 1 7	ITLE				Change	Addition	
NAME				4.2 N	AME						
STREET ADDRESS				4.3 S	TREET	ADDRESS					
DITY-ST-ZIP				4.4 C	ITY-S	1-21P					
TITLE		_	DELETE	5. 1 7	ITLE				☐ Change	Addition	
NAME				5 2 N	AME						
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CITY-ST-7IP					ITY-\$	T - ZIP					_
†rtLE			DELETE	6 1 7					Change	Addition	
NAME				6.2 N							
STREET ADDRESS						ADDRESS					
CITY-S1-ZIP			nggar galar galayang ngamp	640	17Y-5	T-ZIP					

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: D. Van Vorhis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID C. VAN VOORHIS

407-368-6024

Daytime Phone #