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

**PROFIT** CORPORATION ANNUAL REPORT



FLÓRIDA DEPARTMENT OF STATE Saridra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

P94000040368 (0)

GARY ERXLEBEN, INC.

Principal Place of Business	
5369 DUNCANWOOD DR SARASOTA FL 34232	

SIGNATURE

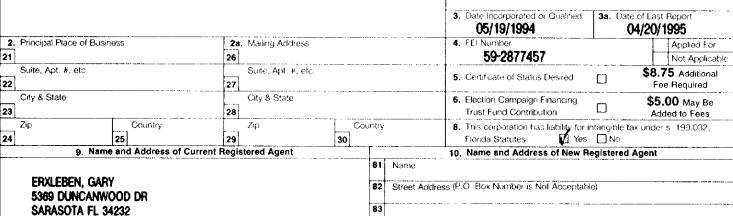
City-St-7IP

STREET ADDRESS

NAME

Mailing Address

5369 DUNCANWOOD DR SARASOTA FL 34232



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. Thereby accept the appointment as registered agent. Floridal Statutes

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	signature, typed or ported name of registerest ages t and Might	µthica:⊸ (NC	(III. Hopelered Agra to graft a require)	Ewher-ire ristating:	DAE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO	CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DÉLÉTE	I TITLE		☐ Change	Addit on
NAME	erxleben, gary		1.2 NAME			
STREET ADDRESS	5369 DUNCANWOOD DR		13 STREET ADDRESS			
CITY - ST - Zi?	SARASOTA FL		14 CITY - ST - ZIP			
TITLE	ST	☐ DELETE	2 1 TITLE		☐ Charige	Addit-on
NAME	ERXLEBEN, SUSAN M.		2.2 NAME			
STREET ADDRESS	5369 DUNCANWOOD DR		2.3 STREET ADDRESS			
CITY - ST - ZIP	SARASOTA FL		2.4.0(FY-ST-ZIP			
TITLE		Delete	3 11/11		☐ Change	☐ Addition
NAME			3.2 NAME			
CIDEEL YOURESC			3.9 0100-5 4000000			

3.4 C:TY - \$1 - Z.P

4.3 STREET ADDRESS

4 1 TITLE

4.2 NAME

DELETE

City-St-ZIP 4.4 CHY ST ZIP DELETE TITLE ☐ Chacge 5.139DE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-7IP DELETE TITLE € 1 TILE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS € 4 CIFY - S1 - 7IE

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: JULION M. EXLLER SUSAN 11. EXXLEBEN 5/18/96

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Change

☐ Addition

Zip Code

CR2E034 (12/95)