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Mar 28 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 # P94000050506 (2)

1. Corporation Name

ERSAL CORPORATION

Principal Place of Business

4771 POSEIDON PLACE
LAKE WORTH FL 33463

Mailing Address

4771 POSEIDON PLACE
LAKE WORTH FL 33463-7219



3. Date Incorporated or Qualified

07/07/1994

3a. Date of Last Report

04/17/1996

2. Principal Place of Business

21 58 CITRUS PARK LN
Suite, Apt. #, etc.

2a. Mailing Address

26 58 CITRUS PARK LN.
Suite, Apt. #, etc.

4. FEI Number

65-0503475

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

City & State

23 BOYNTON BEACH

Zip

24 FL 33436

Country

City & State

28 BOYNTON BEACH

Zip

29 FL 33436

Country

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 607.0502 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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME CLARKE, ERROL
STREET ADDRESS 4771 POSEIDON PLACE
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE D ☐ DELETE

NAME CLARKE, VIVIANNE A
STREET ADDRESS 4771 POSEIDON PLACE
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME CLARKE, ERROL
1.3 STREET ADDRESS 58 CITRUS PARK LANE
1.4 CITY-ST-ZIP BOYNTON BEACH FL 33436

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME CLARKE, VIVIANNE
2.3 STREET ADDRESS 58 CITRUS PARK LANE
2.4 CITY-ST-ZIP BOYNTON BEACH FL 33436

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
VIVIANNE CLARKE

Date

03/24/97

Telephone #

561-5472750

CR2E034 (9/96)