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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
'95 APR 27 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000058655 (9)**

1. Corporation Name
ERIO CORPORATION

Principal Place of Business	Mailing Address
241 & 243 NORTH COLLIER BLVD. SAND DOLLAR PLAZA MARCO ISLAND FL 33937	241 & 243 NORTH COLLIER BLVD. SAND DOLLAR PLAZA MARCO ISLAND FL 33937

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/09/1994
3a. Date of Last Report:

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 65-0513390 ☐ 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

9. Name and Address of Current Registered Agent

VALERIO, CHRISTINE
241 & 243 NORTH COLLIER BLVD.
SAND DOLLAR PLAZA
MARCO ISLAND FL 33937

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALERIO, PATRICIA ~~226 GAINSBORG AVENUE~~ 24736 Lakemont Cove Lane ~~EAST WHITE PLAINS NY 10604~~ Bonita Springs FL 33923	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	VP John Gryn 2631 Shoreview Dr Naples, FL 33962 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALERIO, JOSEPH G ~~226 GAINSBORG AVENUE~~ ~~EAST WHITE PLAINS NY 10604~~ SAME	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VALERIO, CHRISTINE ~~241 & 243 NORTH COLLIER BLVD.~~ ~~MARCO ISLAND FL 33937~~ SAME	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ GERBASIO, JOSEPH 1837 Dogwood Dr ~~241 & 243 NORTH COLLIER BLVD.~~ ~~MARCO ISLAND FL 33937~~ Marco Island FL 33937	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ ~~POLLARA, LOUIS C~~ ~~241 & 243 NORTH COLLIER BLVD.~~ ~~MARCO ISLAND FL 33937~~	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADDITION Valerio, Joseph M. 24736 Lakemont Cove Ln Bonita Springs, FL 33923	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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)(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: Patricia Valerio 1/20/95 813-495-8188
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481716 FP