

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 # P94000058655 (9)

1. Corporation Name
ERIO CORPORATION



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

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

3. Date Incorporated or Qualified 08/09/1994	3a. Date of Last Period 04/27/1995
4. FEI Number 65-0513390	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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. City
84. City
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's signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Secretary
NAME	VALERIO, PATRICIA	1.2 NAME	Rick Scalise
STREET ADDRESS	24736 LAKEMONT COVE LANE	1.3 STREET ADDRESS	65 W. Pelican St.
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	Naples, FL 33962
TITLE	D	2.1 TITLE	Treasurer
NAME	VALERIO, JOSEPH	2.2 NAME	Joseph M. Valerio
STREET ADDRESS	24736 LAKEMONT COVE LANE	2.3 STREET ADDRESS	2067 River Reach Dr.
CITY-ST-ZIP	BONITA SPRINGS FL	2.4 CITY-ST-ZIP	Naples, FL 33942
TITLE	P	3.1 TITLE	Vice-President
NAME	VALERIO, CHRISTINE	3.2 NAME	Joseph G. Valerio
STREET ADDRESS	24736 LAKEMONT COVE LANE	3.3 STREET ADDRESS	24736 Lakemont Cove Lane
CITY-ST-ZIP	BONITA SPRINGS FL	3.4 CITY-ST-ZIP	Bonita Springs, FL 33923
TITLE	VS	4.1 TITLE	
NAME	GERBASIO, JOSEPH	4.2 NAME	
STREET ADDRESS	1837 DOGWOOD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	
NAME	GRYN, JOSEPH	5.2 NAME	
STREET ADDRESS	2631 SHOREVIEW DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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:

Patricia Valerio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

941-495-8188

CR2E034 (12/95)