

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 04 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 # 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 Report 03/18/1996
4. FEI Number 65-0513390	Applied For <input type="checkbox"/> 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 type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip 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.
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D VALERIO, PATRICIA	1.2 NAME	
STREET ADDRESS	24738 LAKEMONT COVE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S SCALISE, RICK	2.2 NAME	Scalise, Rick
STREET ADDRESS	65 W. PELICAN ST	2.3 STREET ADDRESS	960 Sundrop Court
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Marco Island, FL 34149
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P VALERIO, CHRISTINE	3.2 NAME	Scalise, Christine
STREET ADDRESS	24738 LAKEMONT COVE LANE	3.3 STREET ADDRESS	960 Sundrop Court
CITY-ST-ZIP	BONITA SPRINGS FL	3.4 CITY-ST-ZIP	Marco Island, FL 34149
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T VALERIO, JOSEPH M.	4.2 NAME	
STREET ADDRESS	2067 RIVER REACH DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP VALERIO, JOSEPH G.	5.2 NAME	
STREET ADDRESS	24738 LAKEMONT COVE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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* Date: *2/20/97* Daytime Phone #: *941 495-8188*

CR2E034 (9/96)