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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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

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 ☐ DELETE

NAME
D VALERIO, PATRICIA
STREET ADDRESS
24738 LAKEMONT COVE LANE
CITY-ST-ZIP
BONITA SPRINGS FL

TITLE ☐ DELETE

NAME
S SCALISE, RICK
STREET ADDRESS
65 W. PELICAN ST
CITY-ST-ZIP
NAPLES FL

TITLE ☐ DELETE

NAME
P VALERIO, CHRISTINE
STREET ADDRESS
24738 LAKEMONT COVE LANE
CITY-ST-ZIP
BONITA SPRINGS FL

TITLE ☐ DELETE

NAME
T VALERIO, JOSEPH M.
STREET ADDRESS
2067 RIVER REACH DR.
CITY-ST-ZIP
NAPLES FL

TITLE ☐ DELETE

NAME
VP VALERIO, JOSEPH G.
STREET ADDRESS
24738 LAKEMONT COVE LANE
CITY-ST-ZIP
BONITA SPRINGS FL

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

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

2/20/97
Date

941
495-8188
Daytime Phone #

0524900

CR2E034 (9/96)