SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CORPORATION ANNUAL REPORT

1997

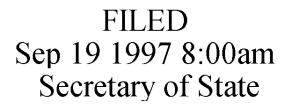


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

A TIMENIT #



	n Name ERN PARTNERS	GROUP, INC.	0020 (2)						
Principal Place of Business 6922 53RD STREET TAMPA FL 33617			Mailing Address 6922 53RD STREET TAMPA FL 33617					EIIII 1841	
IMMEN EL 330	21.7	140	MPA PL 33017			DO NOT WRITE	E IN THIS SPAC	DE	
						3. Date Incorporated or Qualified 01/26/1995	3a. Date o	•	ort
2. Principal P	lace of Business	2a.	2a, Mailing Address			4. FE! Number	08/05/		ied For
21			26			59-3302641			Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 Ad	ditional
City & State			City & State			6 Floring Company Figure		Fee Requ	
23			28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country 25		Zip			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24		29 dress of Current Register	ered Agent	30		Personal Property Tax due June 10. Name and Address of New Re			No
BOF	RDERS, DANIEL D			81	Name	10, Hamo and Flourioss of North	Statolet Age		
6922 53RD STREET			62 Str			ress (P.O. Box Number is Not Accepta	ble)		
TAMPA FL 33617									
				83					
				84	City		FL 8	Zip Co	de
11. Pursuant office or reagent. La	to the provisions of S egistered agent, or b m tamiliar with, and a	ections 607.0502 and 60 oth, in the State of Florid accept the obligations of,	7.1508, Florida Statu a. Such change was Section 607.0505, Fl	tes, the above authorized by orida Statutes	e-named corp the corporat s.	poration submits this statement for the tion's board of directors. I hereby acce	purpose of cha pt the appointr	nging its r nent as re	egistered gistered
SIGNATURE	X/		···						
12.	Signature, typed or printed it	ame of registered agent and tille if OFFICERS AND DIREC		13.	int signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIR	ECTORS	IN 12
TITLE	D		DELETE 1.1 TO			7,50,70,70,70,70,70,70,70,70,70,70,70,70,70			Addition
NAME	BORDERS, DANI		1.2 NAME						
STREET ADDRESS	6922 53RD STRI		1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	TAMPA FL 3361	<u> </u>	DELETE	1.4 CHY-S 2.1 THE	7-ZIP				<u> </u>
TITLE NAME							البيا	Change	Addition
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CITY-ST-ZIP			2.4 GI						
TITLE			DELETE	3.1 TITLE	· · · · · · · · · · · · · · · · · · ·			Change	Addition
NAME			3.2 NA		ŀ				
STREET ADDRESS			3 3 STREET ADDRESS						
CITY-ST-ZIP		····		3.4. CITY - 9	ST - ZIP				
TITLE			☐ DELETE	4.1 TITLE				Change	Addition]
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET					İ
CITY-ST-ZIP TITLE			DELETE	4.4 CITY - S 5.1 TITLE	T- ZIP		····	Change	Addition
NAME				5.2 NAME			٠ ب	vusuāc [KIJOIIIOII
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 CITY-S	l l				
Trīle			☐ DELFTE	6.1 TITLE				Change [Addition
RAME				6.2 NAME					}
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CITY-S	T-ZIP				

now nereby 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 frue 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 changes, or on an attachment with an address.