SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000020471 (5)

ERS-REALTY PLUS, INC.

Mail ng Address

Principal Place of Business	Ma	Mail ng Address				P HODINATI HAD TOLOH OLINI BONIN TAHIN OPAN BANKA SIDAR BOSIN OSANI HADON MAN HADI			
1866 UNIVERSITY PARKWAY SARASOTA FL 34243		1866 UNIVERSITY PARKWAY SARASOTA FL 34243							
						3. Date Incorporated or Qualified 03/15/1995	3a . Da	te of Last Report	
2. Principal Place of Business 1	2a.	Mailing Address				4. FEI Number		Applied For Not Applicat	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	28	City & State			<u></u>	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation has hability for			
25			30			Florida Statules	Yes _	No	
9. Name an	d Address of Current Regist	tered Agent		81	Name	10. Name and Address of New Re	gistered	tyent	
NESTER, CHARL 1868 UNIVERSIT SARASOTA FL 3			l		ress (PO. Box Number is Not Acceptat	ole)			
*			l	64	City			85 Zip Code	
					•	poration submits this statement for the principle house of directors. Thereby appear	FL	.	
12. Title NAME	OF LICERS AND DIREC	DELETE	13. 11 TI 12 No	AME	P.	ADDITIONS/CHANGES TO OFFI 15/7/D D IVESTER 165357 Th ST	·	Change Addi	
STREET ADDRESS CITY+ST-ZIP				TREET A ITY - ST	ADDRESS Z	ARABOTA, FL 34243			
TITLE		DELETE	2 1 TI	ITLE			l	Change Add	
NAME			2 2 N						
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STREET ADDRESS			338	TREET	ADDRESS				
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NAME		<u></u>	1	NAM:					
STREET ADDRESS					ADDRESS		٠		
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TITLE		DELETE		TITLE				Change Add	
NAME			1	NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4	CITY - S	st-ZIP	alify for the examption stated in Section	119 07(3)	/k) Florida Statutes I	

14. I do hereby certify that the information supplied with the 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 amplial 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 thy corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Pack 2 to Block 13 if charged or on an attachment with an address

SIGNATURE:

SIGNATURE AND WHED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/96 (941)355-8084