FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000077465 (9)											
E.R.J.	.C. HOLD	ING CORPO	RATION								
Principal Place	of Business		Mating	Mading Address					(A 55) 50 6	111 1 06 1 1 06 1 1	
9700 N.W. 48TH DRIVE			97	9700 N.W. 48TH DRIVE							
CORAL SP	PRINGS FL 33	3067	CC	oral springs i	FL 33067						
								3. Date Incorporated or Qualifi 10/10/1995	ad 3a . Da	ate of Last R	<u> </u>
·	2. Principal Place of Business			2a. Mailing Address				4. FEI Number 65 - 06 32 315	Applied For Not Applicable		
Suite, Apt.	 #, etc.		\$ 4 .	Suite, Apt. #, etc.							Additional
22			27				5. Certificate of Status Desired		Fee	Required	
City & State	·		Ort. 28	City & State				Election Campaign Financin Trust Fund Contribution			0 May Be d to Fees
<i>Z</i> (p 24		Country 25	Ζιρ 29		30	Country		8. This corporation has liability Florida Statutes	for intangible Yes 🏻 No	tax under s	199.032,
	9. Name	and Address of	Current Registere	d Agent				10. Name and Address of Ne	w Registere	d Agent	
						81	Name &	cic Dessem			
HOBERMAN, JENNIFER M 3400 N.E. 192ND ST.						82		dress (P.O. Box Number is Not Acce	otable)		
SUCTE		7 9 1.				83	-87to	o NW 48 Duive			
MIAMI FL 33180						84	City			05 7.	s Code
	· · · · · · · · · · · · · · · · · · ·						ت کے ک	ene Specials	F	L 3	p Code ა 3 c.
11. Pursuant t or register	to the provisi ed ager ≰ or	ons of Sections 60 both, in the State	07.0502 and 607.15 of Horidal Such cha	508, Fiorida State ange wus author	ites, the a ized by th	above r se corpa	анка сего	oration submits this statement for the lard of directors. I hereby accept the	purpose of cappointment	changing its r as registered	registered office Jiagent Lam
<	th, and and	pt the obligations	of, Section 607.050!	5, Florida Statute •••••••	95.						Ť
SIGNATURE .	Signature, the di	v prided har is 3t reget	- Enic	Dessem .	≨1fr Boyos	orest Agens	l symatom regio	not eterate string	Puil 23,	1996	
12.		OFFICE	RS AND DIRECTOR	RS	1	3.		ADDITIONS/CHANGES TO	OFFICERS AF	ND DIRECTO	DRS IN 12
TITLE	Purate	1) Decretion	y/Treex Sure	L DEFETE	1	1 TITLE				Change	Addition
NAME OFFICE ADDRESS											
STREET ADORESS CITY - ST - ZIP	Conras	Spings.	Fl 33067	13067			ADDRESS				
TITLE		3/20.7-1		□ DELEJE		4 CHY - S 1 THLE	1 - 711			☐ Change	Addition
NAME						2 NAME	İ				
STREET ADDRESS					2	3 STREET	ADDRESS				
CITY-ST-ZIP					2	4 C-TY - S	T - Z ₁ P				
TITLE				DELETE	3	1 TrTLF				Change	☐ Add-tion
NAME						2 NAME					
STREET ADDRESS							ADDRESS				
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NAME				perce		1 TIFLE 2 NAME				Change	C Addition
STREET ADDRESS							ADDRESS				
CITY-S1-ZIP						4 CHTY - S					
THLE				DELETE		1 TIFLE	·	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME					5	2 NAME	}				
STREET ADDRESS					5	3 STREET	ADDRESS				
CITY-ST-ZIP	<u> </u>				5	4 CITY - S	7 - ZIP				
THTLE				[] DELETE	6	TITLE				☐ Change	☐ Add tion
NAME					6	2 NAME		•			
STREET ADDRESS					6	3 STREET	ADDRESS	N NEPONINO			
CITY-ST-ZIP	ly certify that	the information s	roofest with this file	ruis voluntarile fo		4 City - S		for the even of on stated in Section	119 D7/3@k)	Florida Status	tas I furthor

root necessy derive that the information is ipplied with this 1 ling is voluntarily turnished 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 amount 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 12 or Block (in chapter 607).

SIGNATURE:

CAPAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR