PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000077465

1. Corporation Name

E.R.I.C. HOLDING CORPORATION

Di i I Di	Mailing Addrson									
Principal Place of Business Mailing Address							•			
1021 EAST BLVD. CHARLOTTE NC 28203		1021 EAST BLVD. CHARLOTTE NC 28203			DO NOT WRITE IN THIS	SPACE				
						3. Date Incorporated or Qualifed	0, 7,02			
						10/10/1995	·			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			lied For	
21		26				65-0632315		Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			lditional j	
22		27				3. Certificate of States Desired	Fee	e Req	uired	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution	Add	ded to	Fees	
Zíp	Country	Zip	Country	1		8. This corporation owes the current year Inta	ingible		_	
24	25	29	30			Personal Property Tax.	Yes		□No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	Agent			
			81		Name					
GIBBONS, TUCKER, MILLER, WHATLEY & STEIN				Street Addr		ess (P.O. Box Number is Not Acceptable)				
101 E. KENNEDY BLVD. SUITE 1000			82	1	Street Addre	ess (F.O. Box Number is Not Acceptable)				
			83	,						
TAM	PA FL 33601			Ļ			11-			
			84		City	FL	1 1	Zip Co		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abov	/e-I	named corpc	pration submits this statement for the purpose of	changin	g its r	egistered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thorized by	/ th	ne corporation	n's board of directors. I hereby accept the appoir	itment a	ıs regi	stered	
	m familiar with, and accept the obliga	10/13 01; 2520011 007.0000; 11011	an oldidio.	•						
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Age	nt s	signature required	when reinstating) DATE			— <u> </u>	
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRE	CTOR	S IN 12	
TITLE	Р	☐ DELETE	1.1 TITLE			- 	☐ Cha	nge	☐ Addition	
NAME	BESSEM, ERIC		1.2 NAME							
STREET ADDRESS	9700 N.W. 48TH DRIVE		1.3 STREE	ΞTΑ	ADDRESS				.]	
	CORAL SPRINGS FL 33067		1.4 CITY+S			•				
CITY-ST-ZIP TITLE	COTTAE OF MINGO TE GOOD	☐ DELETE	2.1 TITLE	31-2			☐ Chai	nge	Addition	
			2.2 NAME				_	-		
NAME			1		1000ccc					
STREET ADORESS			2.3 STREE					_		
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-	ST-	-ZIP	-	☐ Cha		Addition	
TITLE		C) perese	3.1 TITLE					go		
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREE	:TAI	ADDRESS					
CITY-ST-ZIP			3.4. CITY-	_	-ZIP				□ A J.335	
TITLE		☐ DELETE	4.1 TITLE				Cha	.ng e	☐ Addition	
NAME			4, 2 NAME	i						
STREET ADDRESS			4.3 STREE	ET A	ADDRESS				-	
CITY-ST-ZIP			4.4 CITY-5	ST-7	·ZIP					
TITLE		☐ DELETE	5.1 TITLE				Cha	nge	Addition	
NAME			5.2 NAME						Ì	
STREET ADDRESS			5.3 STREE	ΞΤA	ADDRESS				j	
CITY-ST-ZIP			5.4 CITY-5	ST-7	. ZIP					
TITLE		☐ DELETE	6.1 TITLE	_			☐ Cha	nge	☐ Addition	
NAME			6.2 NAME						i	
STREET ANNOESS			6.3 STREE	ET A	ADDRESS					

14. I 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 of 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 of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90025 047 ***150.00