FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000012069 (6)

ERDA, INC.

FILED Mar 06 1997 8:00am Secretary of State



Sell WAVECREST Solid Sol	**************************************	- £ F	Maillean Astalassa						
ONE NORTH BREAKERS ROW PALM BEACH FL 33480 2. Principal Place of Business 2a. Melling Address 5. Determination of Duslified 3a. Date of Last Rep (2/08/1998 3a. Date of	,		ū					·	
PALM BEACH FL 39480 PALM BEACH FL 39480-4021 2. Principal Place of Business 2. Milling Address 3. Milling Address 3. Milling Address 3. Milling	ONE NORTH BREAKERS ROW ONE NORTH BREAKERS R			S ROW					
2. Principal Flace of Business 2a. Mailing Address 25 25 26 27 27 27 27 27 28 28 28							1 2 3 3 3 3 3 3 3 3 3 3	On Date of the c	D
Suite, Apri. e. cto.							02/08/1996	3a. Date of Last	Report
Solide April 8, etc. Suite, April 8, etc.	-m '	ace of Business					4 FELAlumber		Applied For
City & State Ci					_ ,,		105-06 F1111		Not Applicable
Giy & Solid City & State Cay &		F, EtC.	-				5. Certificate of Status Desired	,	
28				· · · · · · · · · · · · · · · · · · ·		******	6. Election Campaign Financing	\$5.0	Nav Be
Zup			28				· · · · · · · · · · · · · · · · · · ·		
PINCISS, BARRY P 461 WAVECREST ONE NORTH BREAKERS ROW PALM BEACH FL 33480 183 184 City FL 185 Sireet Address (P.O. Box Number is Not Acceptable) 184 City FL 185 Sireet Address (P.O. Box Number is Not Acceptable) 185 Sireet Address (P.O. Box Number is Not Acceptable) 184 City FL 185 Sireet Address (P.O. Box Number is Not Acceptable) 185 Sireet Address (P.O. Box Number is Not Acceptable) 186 City FL 185 Sireet Address (P.O. Box Number is Not Acceptable) 187 City FL 185 Sireet Address (P.O. Box Number is Not Acceptable) 187 City FL 185 Sireet Address (P.O. Box Number is Not Acceptable) 187 City FL 185 Sireet Address (P.O. Box Number is Not Acceptable) 187 City FL 185 Sireet Address (P.O. Box Number is Not Acceptable) 187 City FL 186 City FL 187 City FL 186 City FL 187 City FL 187 City FL 188 City	Zιρ	Country	Zip	Cou	intry				s. 199.032,
PINCISS, BARRY P 461 WAVECREST ONE NORTH BREAKERS ROW PALM BEACH FL 33480 10	4			30					
## 1 WAVECREST ONE NORTH BREAKERS ROW PALM BEACH FL 33480 ## City FL 85 Zip Co 11. Pursuant to the previsions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named or previsions usbmits this statement for the purpose of changing its rofice or registered agent. I am farmer with, and accept the obligations of, Section 607.0505, Florida Statutes. ### SIGNATURE			ent Hegistered Agent		81	Name	10. Name and Address of New Regis	terea Agent	
ONE NORTH BREAKERS ROW PALM BEACH FL 33480 83 84									
PALM BEACH FL 33480 PALM BEACH FL 33480 PALM District The provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reflected agent. or both, in the State of Honda, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reagent. Term familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature type for period familiary and accept the obligations of Section 607.0505, Florida Statutes. INDE Registed Agent agreement required when remaining) DATE 12. OFFICERS AND DIRECTORS INDE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INDE 14. IT THE Change CHANGE PINCISS, BARRY P PINCISS, BARRY P SHEET ADDRESS CHY-ST-7P PALM BEACH FL 33480 14. STREET ADDRESS CHY-ST-7P PALM BEACH FL 33480 14. STREET ADDRESS CHY-ST-7P THE DELETE 11. THE Change Change CHANGE 12. MANE 12. MANE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. STREET ADDRESS CHY-ST-7P PALM BEACH FL 33480 14. STREET ADDRESS CHY-ST-7P THE DELETE 17. Change Chan					82	Street Add	ress (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the opporation submits this statement for the purpose of changing its 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 reagent. I am farm-far with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature to the formatic formed 2 registractiones and stand applicative. [NOTE Registroad Agent agreemer required whom remistating). DATE 12. OF FICE IS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE DIRECTORS THE PINCISS, BARRY P SIRRET ADDRESS CITY ST 76 PALM BEACH FL 33480 14 City ST 76 DELETE 1.1 TITLE DIRECTORS 1.2 MAME 1.3 SIRRET ADDRESS CITY ST 76 PALM BEACH FL 33480 1.4 CITY ST 76 PALM BEACH FL 33480 1.5 SIRRET ADDRESS CITY ST 76 PALM BEACH FL 33480 2.4 CITY ST 76 PALM BEACH FL 33480 1.5 SIRRET ADDRESS CITY ST 76 PALM BEACH FL 33480 2.4 CITY ST 76 THE DELETE 1.1 TITLE DELETE 1.1 TITLE Change					83	 			
### PINCISS, BARRY P ### PINCI	PALI	M DENOM PL 33700			L.I.				
11. Pursuant to his provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its rediction of the purpose of changing its rediction of the purpose of changing its reduced to the purpose of changing its reduced to the purpose of the purpose of changing its reduced to the purpose of the purpose of changing its reduced to the purpose of the purpose of changing its reduced to the purpose of the purpose of changing its reduced by the corporation's board of directors. I hereby accept the appointment as reagend the purpose of the purpose of changing its reduced by the corporation's board of directors. I hereby accept the appointment as reagend by the corporation's board of directors. I hereby accept the appointment as reagend by the corporation's board of directors. I hereby accept the appointment as reagend by the corporation's board of directors. I hereby accept the appointment as reagend by the corporation's board of directors. I hereby accept the appointment as reagend by the corporation's board of directors. I hereby accept the appointment as reagend by the corporation's board of directors. I hereby accept the appointment as reagend by the corporation's board of directors. I hereby accept the appointment as reagend by the corporation's board of directors. I hereby accept the appointment as reagend by the corporation's board of directors. I hereby accept the appointment as reagend by the corporation's board of directors. I hereby accept the appointment as reagend by the corporation's board of directors. I hereby accept the appointment as reagend by the corporation's board of directors. I hereby accept the appointment as reagend by the corporation's board of directors. I hereby accept the appointment as reagend by the corporation's board of directors. I hereby accept the appointment as reagend by the corporation by the corporation's board of directors. 12. MAIL THE STATE ADDITIONS ADDITIONS ADDITIONS ADDITIONS ADDITIONS ADDITIONS					84	City		FL 85 Zi	p Code
12.	SIGNATURE		•						
NAME STREET ADDRESS CITY - ST - ZIP Change Chan	··		·		o s ignoria	29 0 0 0 10 40			DRS IN 12
STREET ADDRESS	TITLE		☐ DECETE	1.1 11	TLE		777	Change	Addition
Date	NAME			1.2 N	AME				
D	STHEET ADDRESS		ORTH BREAKERS ROW	1.3 ST	TREET AC	DDRESS			
NAME WARSHAVER, JOANNE 461 WAVECREST - ONE NORTH BREAKERS ROW 2.3 STREET ADDRESS 2.4 CITY_ST_ZIP PALM BEACH FL 33480 2.4 CITY_ST_ZIP Change 3.2 NAME 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY_ST_ZIP Change 4.1 TITLE Change Change 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY_ST_ZIP Change 4.4 CITY_ST_ZIP Change 4.5 NAME			DELEKE			ZIP		T Change	e Addition
A61 WAVECREST - ONE NORTH BREAKERS ROW 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP			U DECEIE			}		Till Change	: Audition
CHY-SI-7IP	ĭ		RTH BREAKERS ROW	1		nnesce			
DELETE DELETE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS CITY-ST-ZIP			THE PERSON NAMED IN THE	4					
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		Transfer of transfer of the	DELETE					Change	e Additio
CITY-ST-ZIP				3.2 N	AME				
TILE DELETE 4.1 TITLE Change NAME 4.2 NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change NAMI 52 NAME DELETE 5.2 NAME	STREET ADDRESS			3.3 S	treet al	DORESS			
NAME	CITY-S1-ZIP					- ZIP		——————————————————————————————————————	
STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - 7IP 4.4 CITY - ST - 7IP TILE □ DELETE 5.1 TITLE □ Change NAMI 5.2 NAME □ Change	TITLE		L] DELETE					Change	e [] Additio
CITY-S1-7IP									
TITLE DELETÉ 5.1 TITLE Change NAMI 52 NAME									
NAME 52 NAME			DELETE			ZIP		Chano	e Additio
	{		DELCH						
	STREET ADDRESS					DDRESS			
CITY-S1-7/P 54 CITY-S1-7/P	1			1		ì			
	monarca forcian or to or		☐ DELFTE					Chang	e Addilio
NAME 62 NAME	NAME			62 N	IAME				
STREET ADDRESS 63 STREET ADDRESS	STREET ADDRESS			638	TREET A	DDRESS			
City St-78 64 City St-78 65 Decreby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 O7(3)(i). Florida Statutes. Further certify that the	City- \$1 - 789								

4. 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 ambian point or supplier 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 accurate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or block 13 if changes, or or an attachment with an address.

SIGNATURE

PLO OR PRINTED NAME OF BIONING OFFICERYOR DIRECTOR

2/21/97-9544250941