

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998  
 ACCOUNT DUE ON OR BEFORE 9/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE \$750)

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra S. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 May 13, 1999 8:00 am  
 Secretary of State

05-13-1999 90016 009 \*\*\*150.00

DOCUMENT # P96000012069 (6)

Corporation Name  
 ERDA, INC. ✓



Principal Place of Business  
 401 WAVECREST  
 ONE NORTH BREAKERS ROW  
 PALM BEACH FL 33480

Mailing Address  
 401 WAVECREST  
 ONE NORTH BREAKERS ROW  
 PALM BEACH FL 33480

PLEASE WRITE IN THIS SPACE

Date Incorporated or Qualified: 02/08/1986

4. FEI Number: 85-0847111 ✓

Applied For:  Not Applicable

5. State of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing:  \$5.00 May Be Added to Fees

Trust Fund Contribution:

This corporation owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

5. Name and Address of Current Registered Agent  
 PINCISS, BARRY P  
 401 WAVECREST  
 ONE NORTH BREAKERS ROW  
 PALM BEACH FL 33480

6. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City: FL 88 Zip Code

Pursuant to the provisions of sections 607.0602 and 607.1308, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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 registered agent. I am familiar with, and accept the obligations of, section 607.0603, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. REGISTERED AGENT SIGNATURE REQUIRED WHEN APPLICABLE. DATE

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
0	<input type="checkbox"/> DELETE PINCISS, BARRY P 401 WAVECREST - ONE NORTH BREAKERS ROW PALM BEACH FL 33480	1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1	<input type="checkbox"/> DELETE WARSHAVER, JOANNE 401 WAVECREST - ONE NORTH BREAKERS ROW PALM BEACH FL 33480	2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	<input type="checkbox"/> DELETE	3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3	<input type="checkbox"/> DELETE	4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4	<input type="checkbox"/> DELETE	5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5	<input type="checkbox"/> DELETE	6	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information furnished on this filing does not qualify for the exemption stated in section 119.07(3)(b), Florida Statutes. I further certify that the information submitted on this 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; and that I understand the requirements to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of this report.

SIGNATURE: *[Handwritten Signature]* 4/2/99 90121-0011