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May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000044858 (4)

1. Corporation Name

ERICKSON-RICH, INC.

Principal Place of Business

1826 TRADE CENTER WAY, SUITE F
NAPLES FL 33942

Mailing Address

1826 TRADE CENTER WAY, SUITE F
NAPLES FL 33942



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 6485 TAYLOR RD.	26 6485 TAYLOR RD.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23 NAPLES, FL	28 NAPLES, FL		
Zip	Country	Zip	Country
24 34109	25 USA	29 34109	30 USA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRUGGER, CAROL R 600 5TH AVE S, SUITE 207 NAPLES FL 33940		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	ERICKSON, ROBERT W	1.2 NAME	ERICKSON, ROBERT W.
STREET ADDRESS	1826 TRADE CENTER WAY, SUITE F	1.3 STREET ADDRESS	6485 TAYLOR RD.
CITY-ST-ZIP	NAPLES FL 33942	1.4 CITY-ST-ZIP	NAPLES, FL 34109
TITLE	D	2.1 TITLE	D
NAME	RICH, DEAN	2.2 NAME	RICH, DEAN
STREET ADDRESS	1826 TRADE CENTER WAY, SUITE F	2.3 STREET ADDRESS	6485 TAYLOR RD.
CITY-ST-ZIP	NAPLES FL 33942	2.4 CITY-ST-ZIP	NAPLES, FL 34109
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert W. Erickson

CP2E034 (10/97)