

**FILE NOW - FILING FEE AFTER MAY 1 IS \$550.00**



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

97 NOV 26 AM 9:07

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**

**DOCUMENT # P96000055547**  
 1. Corporation Name  
**ERBE DEVELOPMENT CORPORATION**

Principal Place of Business Mailing Address  
 P.O. Box 612494  
 No. Miami, FL 33261

FILE AT NO CHARGE-CLERICAL ERROR

|                                |                     |                     |                     |  |                                       |
|--------------------------------|---------------------|---------------------|---------------------|--|---------------------------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>6/28/96   | 3a. Date of Last Report<br>5/6/97     |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>65-0685315  | Applied for<br>Not Applicable         |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required |
| 23                             | Zip                 | 28                  | Country             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees    |
| 24                             | Country             | 29                  | Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

**9. Name and Address of Current Registered Agent**  
 Guaranteed Real Estate Investment Company  
 2335 Polk Street  
 Hollywood, FL 33020

**10. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           | <b>D. DON FRAKES</b>            |
| STREET ADDRESS | <b>2290 NE 121 st</b>           |
| CITY-ST-ZIP    | <b>NORTH MIAMI FL 33181</b>     |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. 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 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: *Don Frakes* Date: *11/26/97* 205845-3130

CR2E034 (9/96)



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

September 24, 1997

**GUARANTEED REAL ESTATE INVESTMENT COMPANY**  
P.O. BOX 612494  
NORTH MIAMI, FL 33261

**SUBJECT: ERBE DEVELOPMENT CORPORATION**  
Ref. Number: P96000055547

Due to clerical error, the name and address of the director was filed originally as a corporation. Pursuant to Chapter 607.0802, directors must be natural persons who are 18 years of age or older but need not be residents of this state or shareholders of the corporation unless the articles of incorporation or bylaws so require.

Enclosed is an annual report to be completed in its entirety, listing an individual as director in block 12, and signed by an officer or director designated on the annual report. The filing fee is being waived.

Please consider this letter as your 60 days notice that if you don't file the corrected annual report by November 26, 1997, your corporation will be administratively dissolved.

Please send the completed annual report back to my personal and confidential attention to insure the proper filing of the document.

If you have any further questions concerning your document, please call (850) 487-6924.

Sharon Tala  
Document Specialist Supervisor

Letter Number: 997A00047227