

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90027 045 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000055547**

1. Corporation Name  
**ERBE DEVELOPMENT CORPORATION**



Principal Place of Business POST OFFICE BOX 612494 NO MIAMI FL 33261	Mailing Address POST OFFICE BOX 612494 NO MIAMI FL 33261
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>9365 COLLINS AVE</b>	2a. Mailing Address 26 <b>9365 COLLINS AVE</b>	3. Date Incorporated or Qualified <b>06/28/1996</b>	4. FEI Number <b>65-0685315</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22 <b>MIAMI BEACH</b>	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
City & State 23 <b>MIAMI BEACH FL</b>	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
Zip 24 <b>33154</b>	Country 25 <b>USA</b>	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. <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  
**ERNEST ERBE**

82 Street Address (P.O. Box Number is Not Acceptable)  
**9365 COLLINS AVE.**

83

84 City  
**MIAMI BEACH**

85 Zip Code  
**FL 33154**

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 for 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 **ERNEST ERBE** DATE **4/15/99**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>FRANKS, DON</b>	
STREET ADDRESS <b>2290 NE 121 ST.</b>	
CITY-ST-ZIP <b>N. 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 <b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>ERNEST ERBE</b>	
1.3 STREET ADDRESS <b>9365 COLLINS AVE.</b>	
1.4 CITY-ST-ZIP <b>MIAMI BEACH FL. 33154</b>	
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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **ERNEST ERBE** DATE **4/15/99** DAYTIME PHONE # **305 8642232**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR