

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

FILED
Apr 02 1997 8:00am
Secretary of State

DOCUMENT # P96000060714 (8)

1. Corporation Name

ER TECHNOLOGIES, INC.



Principal Place of Business

8721 CAJUPUT COVE
FORT MYERS FL 33919

Mailing Address

8721 CAJUPUT COVE
FORT MYERS FL 33919-1843

3. Date Incorporated or Qualified
07/19/1996

3a. Date of Last Report

2. Principal Place of Business

21 12734 KENWOOD LANE

Suite, Apt. #, etc.

22 STE. 77

City & State

23 FT. MYERS, FL.

Zip

24 33907

Country

25 USA

2a. Mailing Address

26 12734 KENWOOD LANE

Suite, Apt. #, etc.

27 STE. 77

City & State

28 FT. MYERS, FL.

Zip

29 33907

Country

30 USA

4. FEI Number

65-0683971

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

RACHMAN, AMY S
8721 CAJUPUT COVE
FORT MYERS FL 33919

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
RACHMAN, AMY S
STREET ADDRESS
8721 CAJUPUT COVE
CITY-ST- ZIP
FORT MYERS FL 33919

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST- ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/97 1-800-275-5525

CR2E034 (9/96)