

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000090912 (2)
 1. Corporation Name
GERARD A. ERRICO, INC.



Principal Place of Business 1707 OAK BRANCH COURT BRANDON FL 33511	Mailing Address 1707 OAK BRANCH COURT BRANDON FL 33511
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/06/1996		3a. Date of Last Report	
4. FEI Number 59-3412130		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 6119 MEMORIAL HWY		2a. Mailing Address 26	
Suite, Apt. #, etc. 22 UNIT 2		Suite, Apt. #, etc. 27	
City & State 23 TAMPA, FL		City & State 28	
Zip 24 33615	Country 25 USA	Zip 29	Country 30

9. Name and Address of Current Registered Agent
**SEIFTER, FRED
 1707 OAK BRANCH COURT
 BRANDON FL 33511**

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	1.2 NAME	
STREET ADDRESS	GERARD ERRICO	1.3 STREET ADDRESS	
CITY-ST-ZIP	6119 MEMORIAL HWY # 2	1.4 CITY-ST-ZIP	
	TAMPA, FL 33615	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.2 NAME	
NAME		2.3 STREET ADDRESS	
STREET ADDRESS		2.4 CITY-ST-ZIP	
CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
TITLE	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
NAME		3.4 CITY-ST-ZIP	
STREET ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		4.2 NAME	
		4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 ***165.00 ***165.00

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.

CR2E034 (4/97)

913-884-3369 AW

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Gerard A. Errico
[REDACTED]

6119 Memorial Highway Unit 2
Tampa, Florida 33615
813-884-3369
Fax: 813-879-5305

July 22, 1997

Division Of Reports
Annual Reports Section
P.O. Box 1500
Tallahassee, Florida 32302-1500

SUBJECT: Extension for taxpayer conference

To whom it may concern:

Per our phone conversation of this morning July 22, 1997 it was determined that the original form was mailed to an incorrect address. I was told that a fee of \$ 165.00 would be acceptable. I am enclosing a check in that amount. Also, please see the corrected address on the form being remitted.

Cordially,

Gerard A. Errico
President
GAE/js