## 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

DOCUMENT # P96000092073 (1)

ERILYN GROUP, INC.

## FILED Jul 08 1997 8:00am Secretary of State



Principal Place	e of Busines		Mailing Address						4 LOGILDOL UND TOUIT OUTIL OBELL GOUST ORGEN TOUIT STILO LEGIT DOUIT LOGIC ISUL (SOL					
2670 N.E. 215TH STREET MIAMI FL 33180				2670 N.E. 215TH STREET MIAMI FL 33160-1127										
										3. Date Incorporated or Qualified 11/08/1996	3a. Da	ite of Las	t Report	
2. Principal P				2a. Mailing		1 .				4. FEI Number	-L		Applied For	
		eitner I	rive			eitn	er	_D:	rive	65-0708764			Not Applicable	
Suite, Apt.	#, etc.	_	Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State				City & State 28 Coral Springs, FL						6. Election Campaign Financing	\$5.00 May Be			
40		Country		Z <sub>ID</sub>	r spr.		, i			Trust Fund Contribution  8. This corporation has liability for	intangible		od to Fees	
Zip 3306	<b>7</b>	25	<u> </u>	<del>29</del> 330∙	67	30			Α.	· · · · · · · · · · · · · · · · · · ·	intangible ] Yes [		r s. 199.032,	
<del>-</del>	9, Name	and Address of		1	ent	1501	7			10. Name and Address of New Re			· · · · · · · · · · · · · · · · · · ·	
HEC	HT, ALAN	R					81	Na	ame					
	0 N.E. 215					82	St.	real Addr	Address (P.O. Box Number is Not Acceptable)					
	MI FL 331					Ĺ								
							83	•						
							84	Ci	ly		FL	85 Z	ıp Code	
11. Pursuant	to the provis	ions of Sections	07.0502 an	nd 607 1508,	Florida Statu	ules, the	abov	J_ ∕e-na	med corp	poration submits this statement for the p	ourpase of	changing	g its registered	
agent. La	egistered as m familiar w	gent, or boin, in ir hith, and accept th	ie obligation	iorida. Such is of, Soction	607.0505, F	lorida St	atute:	y me s	corporat	tion's board of directors. I hereby acce	я тие арр	Omunioni	as registered	
SIGNATURE		<del></del>												
12.	Signature, type-	d or printed name of reg	RS AND DI		(NC	DIE: Registe		jen' sig	mature requir	red where renstrong) ADDITIONS/CHANGES TO OFFICE	DATE PEDG AND	DIRECT	OPS IN 12	
TIFLE	D	OFFICE	ים טוות פח:		DELETE		TITLE			ADDITIONS/OFFANGES TO OFFIC	CHO AND	Chang		
NAME	_	CHARLES		·			NAME							
STREET ADDRESS		LEITNER DRIVE	•				STREET	1 &00E	RESS					
CITY-ST-ZIP		SPRINGS FL 33					CHY-5							
TITLE	D				DELE1E		TITLE					Chang	e Addition	
NAME	GOLDBE	ERG, MITCHELL				. 22	NAME							
STREET ADDRESS		INGTON AVENU		FLOOR		2.3	STREET	1 ADDF	RESS					
CITY-ST-ZIP	NEW YO	PRK FL 10017	•			2.4	CITY-	S1 - ZII	p. )					
TITLE				[	DELETE	3.1	HILLE					Chang	je 🔲 Addition	
NAME						3.2	NAME							
STREET ADDRESS						3.3	STREET	1 ADDF	RESS .					
CITY-ST-ZIP						3.4	CITY -	S1 - Z#						
TITLE					DELETE	4 1	TITLE					Chang	e Addition	
NAME						4. 2	NAME							
STREET ADDRESS						4.3	STREET	I ADDE	RESS					
CITY-ST-ZIP						4.4	CHY-S	\$1 - 7(F						
TITLE				[	DELETE	5.1	mite					Chang	ge Addition	
NAME						52	NAME							
STREET ADORESS						5.3	STREET	T ADDF	RESS					
CITY-S1-ZIP					<b></b>		CHY-S	<u> ST-71F</u>	<u> </u>					
TITLE				l	DELETE	6.1	HILE					L Chang	je [_] Addition	
NAME							NAME		)					
STREET ADDRESS					*		STREET		1					
CITY-ST-ZIP						64	CITY-S	ST - ZIP	<u>'                                     </u>					
<b>14,</b>   do heret	by certify that	at the information.	supplied wi	th this filing a	loos not qua	udy for th	o exe	empt	ion stated	d in Section 119.07(3)(i), Florida Statuto	s. Flurthe	r certify th	nat the	

4. To hereby certify that the information supplied with risk lining adds not equally for the exemption is stated in Section 119.07(3)(i), riolida statutes. Fromther certify intal the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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.

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