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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600095089 (4)

FILED Mar 27 1998 8:00am Secretary of State

	ER GROUP INTERNATIONA				
Principal Plac	ce of Business	Mailing Address		f såftidåt tim intin attis fitter natts matt fibter	n jaja, aijis daja, laija lati jaa,
3317 LEROY STREET 3317 LEROY STREET TAMPA FL 33807 TAMPA FL 33807				DO NOT WRITE IN TH	HIS SPACE
		•		3. Date Incorporated or Qualified	
				11/18/1996	ĺ
2. Principal F	Place of Business	2a. Mailing Address		4 FEI Number	Applied For
21		26		59-3431840	Not Applicable
Suite, Apt.	#. etc	Suite, Apt. #, etc.			\$8.75 Additional
22	,	27		5. Certificate of Status Desired	Fee Required
City & Stal	te	City & State		6, Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζiρ	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr			10. Name and Address of New Register	
AAI	JLLER, ELIO E JR		81 Name		
	17 LEROY STREET		BO Chart Add	reco (D.O. Dev Manharia Nat Acceptable)	
TAMPA FL 33607			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
10	MEN LE 33001		83		
			84 City		85 Zip Code
44 Divouoni	to the provisions of Continue 607.0	ED2 and CD7 1508 Florida Status	or the above period core		
office or	registered agent, or both, in the Sta	ale of Florida Sylch change was	authorized by the corpora	poration submits this statement for the purpos tion's board of directors. I hereby accept the	appointment as registered
agent. I a	am familier with god accept the on	iodiona of Soction 907.0505, FI	orida Statutes.	2/20/	God
SIGNATURE	Eleo M	aller TR		2/20/	78
40	Signature, typod or printed name of registered a	AND DIRECTORS (NO	E: Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	D	DELETE	1.1 TITLE	ADDITIONS/CITANGES TO OFFICERS	Change Addition
NAME	MULLER, ELIO E JR		1.2 NAME		C Onseige C Massion
· · · · · · · · · · · · · · · · · · ·	3317 LEROY STREET				
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607	DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE	VP	C DECEIE	2.1 TITLE		Cuange C Montton
NAME	MULLER, DREMA S.		2.2 NAME		
STREET ADDRESS	3317 LEROY STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	l or eve	2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	l .		3.3 STMEET ADDRESS		
CITY-ST-ZIP			3 4. CITY - ST - ZIP	····	
TITLE	1	L. DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS	1		4.3 STREET ADDRESS		
CITY-ST-ZIP		_,,, <u>_</u>	4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	-	DELETE	6.1 TITLE		Change Addition
NAME	1		62 NAME		
	1				
	İ		E & CIDEET ADDDECC		
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS		

included on this annual report or supplied with his iming does not quality for the exemption stated in Section 119.07(3)(i), Horida 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 of the receiver or trustee empowers 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 or an attachment with an address.