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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mórtham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000099870 (3)

THE ERLS CORPORATION

FILED Mar 11 1997 8:00am Secretary of State



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Principal Place of Business Mailing Address							44114 18118 141): 1811t 1881)	4411 1001	
2604 NORTHWEST 2ND AVENUE 2604 NORTHWES BOCA RATON FL 33431 BOCA RATON FL										
							 Date Incorporated or Qualified 12/09/1996 	3a. Date	of Last R	Report Refor
2. Principa Place o	of Business	2a. Mailing Ad	ddress	·····		V	4. FEI Number		VA	pplied For
21		26								ot Applicable
Suitc, Apt. #, etc 22		Suite, Apt	. #, etc.				5. Certificate of Status Desired	Ø		Additional equired
City & State		City & Sta	te				6. Election Campaign Financing	,,		May Be
23		28		1 6			Trust Fund Contribution	<u> </u>		to Fees
	Country	Zip		Cou	niry		8. This corporation has liability for			i. 199.032,
24	25 Name and Address of Cu	29	n!	30			Florida Statutes L. 10. Name and Address of New Re	Yes		
		ment ueðisteran viðar			81	Name	IV. Harrie and Address of New Ne	Aretalan W	lanz	
RICCI, PA	TRICK J RTHWEST 2ND AVENUE				•					
		[82 Street Address (P.O. Box Number is Not Acceptable)					
BOCA RA	TON FL 33431									
					83					
•					84	City		C1	85 Zip	Code
							poration submits this statement for the p	<u>FL</u>	<u> </u>	
TILE	VOLVICERS	AND DIRECTORS	DELETE	13. 1.1 TI 1.2 N/		7	ADDITIONS/CHANGES TO OFFICE PATALLY TO	[Change	Addition
NAME STREET ADDRESS				1.2 N/ 1.3 ST		ADDRESS 2	LICCI, PATRICK J.	b Au	まりに	S.
CHY-S1-ZIP		,,,		1.4 C)	TY-S	r-ZIP	BOCA RATON FL	3343	1	
TITLE			DELETE	2.5 TI	LE			į	Change	Addition
NAME				2.2 N/	ME					
STREET ADDRESS				2.3 S1	REET	ADDRESS				
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TITLE] DELETE	3.1 TI				ι	Change	Addition
NAME				3.2 N/						
STREET ADDRESS						ADDRESS				
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THE	···		DELETE	6.1 Tr		, 411		Т	Change	Addition
NAME		_		62 N		-			-	
STREET ADORESS						ADDRESS				
CITY ST-ZIF				64 C		1				
14. I do hereby cer	rtify that the information sur	oplied with this filing do	es not qual	ify for the	ехе	mption state	ed in Section 119.07(3)(i), Florida Statute	s. I further	certify that	t the
information ind Lam an officer	eated on this annual tenor	t or supplemental annu on or the receiver or tru	al report is istee empor	true and a wered to a	acci.	irate and the	to it Section 119.07(3)(1), Florida Statule at my signature shall have the same legon as required by Chapter 607, Florida son as required by Chapter 607, Florida son as required by Chapter 607, Florida son as the control of the con	al effect as i	if made ur	nder oath: that

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0006388