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FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000024138 (4)

1. Corporation Name

ERILYN GROUP III, INC.



Principal Place of Business

Mailing Address

2670 N.E. 215TH STREET
MIAMI FL 33180

2670 N.E. 215TH STREET
MIAMI FL 33180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4090 N. STATE RD. 7

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

LAUDERDALE LAKES, FL.

28 City & State

28 City & State

24 Zip

33319

Country

25 USA

29 Zip

29 Zip

Country

30 Country

9. Name and Address of Current Registered Agent

~~HECHT, ALAN R~~
~~2670 N.E. 215TH STREET~~
~~MIAMI FL 33180~~

3. Date Incorporated or Qualified

03/18/1997

4. FEI Number

65-0745920

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

BRUCE NABAT

82 Street Address (P.O. Box Number is not acceptable)

1190 N.E. 125th St, # 21

83

84 City

N. MIAMI

FL

85 Zip Code

33161

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

Bruce Nabat

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

(NOTE: Registered Agent signature required when reinstating)

DATE 5/23/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
PACE, CHARLES
STREET ADDRESS 5599 E. LEITNER DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE ☐ DELETE

NAME D
GOLDBERG, MITCHELL
STREET ADDRESS 353 LEXINGTON AVE., 10TH FLOOR
CITY-ST-ZIP NEW YORK CITY NY 10017

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 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 in my attachment with an address.

SIGNATURE

5/23/98

4/29/98

95147293412

CR2E034 (10/97)