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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000024138**

ERILYN GROUP III, INC.

May 08, 1999 8:00 am Secretary of State

05-08-1999 90066 007 ***150.00



Principal Place of Business Mailing Address							. 11197 (211 1021
4090 N STATE RD 7 2670 N.E. 215TH STREET							
LAUDERDALE LAKES FL 33319 MIAMI FL 33180					DO MOT WOITE IN THE CRACE		
บร					DO NOT WRITE IN THIS SF 3 Date Incorporated or Qualifed	ACE	
					,		
a Dánais al Ď	Name of Physics and	2a. Mailing Address			03/18/1997 4. FEI Number		pplied For
—				Drive	65-0745920	·	ot Applicable
26 5599 E = LETT: Suite, Apt. #, etc. Suite, Apt. #, etc.				DETTO			Additional
					5. Certifcate of Status Desired	•	equired
22					6. Election Campaign Financing		May Be
	ic .	28 Coral Sprin	as. F	۲.	Trust Fund Contribution	•	to Fees
Zip	Country	Zip Zip	Country	_	8. This corporation owes the current year Intang		
24	25	$\frac{1}{29}$ $\frac{3}{3}$ 3067 $\frac{3}{30}$		Α.	1 **] Yes	□No
24	9. Name and Address of Curre		1 - 1		10 Name and Address of New Registered Ag	ent	
	g, maine and modified a. Own	<u></u>	81	Name			
NAB.	NABAT, BRUCE				4D O D . M. wheeli M. (Accorded)		
1190 NE 125TH ST, #21			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		4
N MIAMI FL 33161			83				
	•		84	City	FL	85 Zip	Code
	4- the manifeld of Continue 607 05	502 and 607 1509 Florida Statutor	the above	named corpo	oration submits this statement for the purpose of ch	anging it	s registered
office or r	registered agent, or both, in the Stat	e of Florida. Such change was auth	iorized by th	ne corporation	n's board of directors. I hereby accept the appointment	ent as r	egistered
agent. I a	im familiar with, and accept the oblig	gations of, Section 607.0505, Florida	a Statutes.				1
SIGNATURE					when reinstation) DATE		\
	Signature, typed or printed name of registered ag	Jent and title if applicable. (NOTE: RE		signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	OPS IN 12
TITLE		DELETE	13.			Change	Addition
[D DACE CHARLES		1.2 NAME	[_		_ (
NAME	PACE, CHARLES			I DDDCCC			
STREET ADDRESS	, ••••		1.3 STREET A				ļ
CITY-ST-ZIP	CORAL SPRINGS FL 33067	☐ DELETE	1.4 CITY-ST-	ZIP		Change	Addition
TITLE	D	Cloerete	2.1 TITLE		Ĺ	T Change	1.00.00
NAME	GOLDBERG, MITCHELL		2.2 NAME				
STREET ADDRESS	353 LEXINGTON AVE., 10TH	FLOOR	2.3 STREET A	ADDRESS			
CITY-ST-ZIP	NEW YORK CITY NY 10017		2.4 CITY-ST-	- ZIP		7.05	- Addition
TITLE		☐ DELETE	3.1 TITLE		L	Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET A	ADORESS			İ
CITY-ST-ZIP			3.4, CITY-ST-	-ZIP			
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TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME	1		6.2 NAME				1
STREET ADDRESS			6.3 STREET A	ADDRESS			ĺ
OID OT 710			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 on an attachment with an address, with all other like empowered.

SIGNATURE:

₹Charles Pace, Pres. PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.30.99

Daytime Phone #