PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000067742

THE ERLS STAIRWAY CORPORATION

Principal Place of Business	
2755 NE 28TH AVE. UNIT B-2	
LIGHTHOUSE POINT FL 33064	

Mailing Address

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90167 045 ***150.00



2755 NE 28TH AVE. UNIT B-2 2755 NE 28TH AVE. UNIT B-2 LIGHTHOUSE POINT FL 33064				DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed 07/30/1998		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ar	optled For
21		26			65-0868362		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt, #, etc.			5. Certificate of Status Desired	— — — .	Additional equired
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Countr	y	B. This corporation owes the current year Int		
24	25	29 30	C		Personal Property Tax.	Yes	□No ·
	9. Name and Address of Curren	t Registered Agent		t tame	10. Name and Address of New Registered	Agent	
mec	CL CHANANAD		8	1 Name			
2755	CI, CHANANAD 5 NE 28TH AVE, UNIT B-2		8:	<u></u>	fress (P.O. Box Number is Not Acceptable)		
LIGH	ITHOUSE POINT FL 33064		8:	3			
			84	1	FL	. []	Code
Office Of P	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	nt Finnda Suich Channa Was auth	innzed di	/ ina corporau	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	changing its nument as re	registered egistered
SIGNATURE	Signature, typed or printed name of registered agen				red when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		ORS IN 12
TITLE .	D	□ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	RICCI, CHANANAD		1.2 NAME	- 1			
STREET ADDRESS	2755 NE 28TH AVE, UNIT B-2	ı	1.3 STREE	T ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		14 CITY-	ST-ZIP			C 44864
TITLE		☐ DELETE	2.1 TITLE	1		Change	Addition
NAME :			2.2 NAME				
STREET ADDRESS			2.3 STREE	ET ADDRESS			
CITY-ST-ZIP			2,4 CITY-	ST-ZIP			-
TITLE		☐ DELETE	31 TILE			Change	☐ Addition
NAME			3.2 NAME	:			•
STREET ADDRESS			3,3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			F 3 3 44 M
TITLE			4.6 TITLE			Change	Addition
NAME			4, 2 NAME	:			
STREET ADORESS			4.3 STREI	TADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			- A 486
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME		!	5.2 NAME			•	
STREET ADDRESS		j	5.3 STREE	ET ADDRESS			i
CITY-ST-ZIP			54 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TTILE			Change	☐ Addition
HAME			6.2 NAME	1			
STREET ADDRESS			61STRE	TADDRESS			
C/IV-\$1.7/0			6.4 CITY-				
44 I barabu c	certify that the information supplied wit	h this filing does not qualify for the	e exemp	tion stated in at my signatur	Section 119.07(3)(i), Florida Statutes, I further cer re shall have the same legal effect as if made under	tify that the ter oath; that	information I am an

officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

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GNATURE AND TYPED OR PRINTE	D NAME OF SIGNIF	IG OFFICER OF	DIRECTOR