

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

**FILED**

**Jun 16 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # S15718 (7)**  
1. Corporation Name  
**ERIAN, INC.**



Principal Place of Business: **3841-3 SCHOOL HOUSE ROAD EAST FT. MYERS FL 33916**  
Mailing Address: **3841-3 SCHOOL HOUSE ROAD EAST FT. MYERS FL 33916-7730**

3. Date Incorporated or Qualified: **11/12/1990**  
3a. Date of Last Report: **02/28/1996**  
4. FEI Number: **65-0289587**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
City & State: **27**  
City & State: **28**  
Zip: **29** Country: **30**

**9. Name and Address of Current Registered Agent**  
**FEINSTEIN, MARK  
290 NW 165 ST  
PH4  
MIAMI FL 33189**

**10. Name and Address of New Registered Agent**  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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: *[Signature]* **President** DATE: **6-14-97**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing)

**12. OFFICERS AND DIRECTORS**

|                |                                      |                                 |
|----------------|--------------------------------------|---------------------------------|
| TITLE          | <b>D</b>                             | <input type="checkbox"/> DELETE |
| NAME           | <b>FEINSTEIN, ERIC</b>               |                                 |
| STREET ADDRESS | <b>3841-3 SCHOOL HOUSE ROAD EAST</b> |                                 |
| CITY-ST-ZIP    | <b>FT. MYERS FL 33916</b>            |                                 |
| TITLE          | <b>D</b>                             | <input type="checkbox"/> DELETE |
| NAME           | <b>FEINSTEIN, BRIAN</b>              |                                 |
| STREET ADDRESS | <b>3841-3 SCHOOL HOUSE ROAD EAST</b> |                                 |
| CITY-ST-ZIP    | <b>FT. MYERS FL 33916</b>            |                                 |
| TITLE          |                                      | <input type="checkbox"/> DELETE |
| NAME           |                                      |                                 |
| STREET ADDRESS |                                      |                                 |
| CITY-ST-ZIP    |                                      |                                 |
| TITLE          |                                      | <input type="checkbox"/> DELETE |
| NAME           |                                      |                                 |
| STREET ADDRESS |                                      |                                 |
| CITY-ST-ZIP    |                                      |                                 |
| TITLE          |                                      | <input type="checkbox"/> DELETE |
| NAME           |                                      |                                 |
| STREET ADDRESS |                                      |                                 |
| CITY-ST-ZIP    |                                      |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. I do 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, on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **6-14-97** **911-233-0277**

CR2E034 (9/96)