Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90021 030 ***150.00

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 # CC1566

 Corporation 	I Name ERING INTERNATIONAL CO				
Principal Place	of Business	Mailing Address			
1430 S.W. 72 A	VE.	1430 S.W. 72 AVE.			
PLANTATION FL 33317 PLANTATION FL 33317				DO NOT WRITE IN THIS SPACE	
US		US		Date Incorporated or Qualifect	
				06/19/1991	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	. Applied For
21		26		65-0271198	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	S8.75 Additional Fee Required
22		27		 	
City & State	e	City & State		6. Election Campaign Financing	
23		28	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip 29	Country	This corporation owes the cur Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New	Registered Agent
STEIGER, JOEL E. 6550 MIRAMAR PKWY MIRAMAR FL 33023			81 Name 82 Street Add 43	Toel E. STEI ress (P.O. Box Number is Not Accep O SW 722	GER table) Ave.
			84 City Q 1	antation	FL 85 Zip Code 3333/7
11. Pursuant office or re agent. I as SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered ager	tions of, Section boy.0505, Floi	es, the above-named corputhorized by the corporation of the corporation of the statutes. Registered Agent signature require		e purpose of changing its registered ept the appointment as registered
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 12
TITLE	Ď	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition {
NAME	STEIGER, JOEL E.		1.2 NAME		
STREET ADDRESS	6550 MIRAMAR PKWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	•	
CITY-ST-ZIP			2. 4 CITY- ST- ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		•
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		}
CITY-ST-ZIP			4.4 CITY-ST-ZIP	_	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
	1				
I CHY-SI-ZIP I			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
		☐ DELETE			☐ Change ☐ Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP