

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V27118 (1)**

1. Corporation Name
ERIN SYSTEMS, INC.



Principal Place of Business: **2804 DEL PRADO BLVD. SUITE 102 CAPE CORAL FL**
Mailing Address: **2804 DEL PRADO BLVD. SUITE 102 CAPE CORAL FL**

3. Date Incorporated or Qualified: **04/06/1992**
3a. Date of Last Report: **04/06/1995**

2. Principal Place of Business
21 **4611 SE 5th Place, #10**
22 Suite, Apt. #, etc.
23 **Cape Coral FL**
24 Zip **33904** 25 Country **LEE**
26 **4611 SE 5th Place, #10**
27 Suite, Apt. #, etc.
28 **Cape Coral, FL**
29 Zip **33904** 30 Country **LEE**

4. FEI Number: **65-0347240**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**HAWKINS, WILLIAM H.
4611 SE 5TH PL 10
SUITE 102
CORAL SPRINGS FL 33904**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PTS	<input type="checkbox"/> DELETE
NAME	HAWKINS, WILLIAM H.	
STREET ADDRESS	2804 DEL PRADO BLVD 102	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAWKINS, WILLIAM H.	
STREET ADDRESS	2804 DEL PRADO BLVD 102	
CITY-ST-ZIP	CAPE CORAL FL	
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	PTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HAWKINS, WILLIAM H.	
1.3 STREET ADDRESS	4611 SE 5th Place, #10	
1.4 CITY-ST-ZIP	Cape Coral, FL 33904	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HAWKINS, WILLIAM H.	
2.3 STREET ADDRESS	4611 SE 5th Place, #10	
2.4 CITY-ST-ZIP	Cape Coral, FL 33904	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE: William H. Hawkins, President Date: 1-24-96 Daytime Phone #: (941) 542-7341

CR2E034 (12/95)