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 # V27118

Corporation Name

ERIN SYSTEMS, INC.

Principal Plac	e of Business	Mailing Address			
**** == **		4611 SE 5TH PLACE			•
SUITE 10 SUITE 10 CAPE CORAL FL 33904 CAPE CORAL FL 339		SUITE 10		DO NOT WRITE IN T	HIS SPACE
US	FL 33304	US		3. Date Incorporated or Qualifed	
		••		04/06/1992	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		55-0347240	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_	\$8.75 Additional
22	,	27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible
24	25	29	30	"Personal Property Tax.	☐ Yes 🔼 No
	9. Name and Address of Curr			10.' Name and Address of New Registe	red Agent
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	· :	81 Name		
HAWKINS, WILLIAM H. 4611 SE-5TH PL 10			82 Street A	ddress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
			0	है । इ.स. १९५० के विकास समित है से स्वरंग के	rung fieter uner, inne Pagir Geger ich gr
COF	RAL SPRINGS FL 33904		83	(4) 表征 \$ (2) 新数数数据	
			04 03		
			84 City	·	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the above-named co	orporation submits this statement for the purpos	e of changing its registered
office or I	registered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida. Such change was at gations of Section 607 0505. Flor	uthorized by the corpora	ation's board of directors. I hereby accept the a	ppointment as registered
.1%	an initial man, and accept the obs	ganano or, adonon de nedeci, no	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	: Registered Agent signature req	uired when reinstating) DATE	E
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
TITLE	PTS	□ pereze			
NAME	HAWKINS, WILLIAM H.	☐ DELETË	1.1 Ππ L Ë		Change Addition
STREET ADDRESS			1.1 TITLE 1.2 NAME		Change Addition
CITY-ST-ZIP	4611 SE 5TH PLACE, SUITE		1		☐ Change ☐ Addition
			1.2 NAME		☐ Change ☐ Addition
TITLE	4611 SE 5TH PLACE, SUITE		1.2 NAME 1.3 STREET ADDRESS		☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐
TITLE NAME	4611 SE 5TH PLACE, SUITE CAPE CORAL FL	10	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·
ĺ	4611 SE 5TH PLACE, SUITE CAPE CORAL FL D HAWKINS, WILLIAM H.	10	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		· · · · · · · · · · · · · · · · · · ·
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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 13 if chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90063 032 ***150.00

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