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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

101

FILED Apr 13 1998 8:00am Secretary of State

	ERRE ENTERPRISES, INC.	9 (9)					
Principal Plac	o of Business	Mailing Address					
7808 LAS CA		<i>_</i>	SINESS CONSULTANTS	- Aug			
JACKSONVILI		790 E BROWARD BLVD					
US		FT LAUDERDALE FL 33301			DO NOT WRITE IN THIS SPACE		
			and the second second	 Date Incorporated or Qui 07/17/1992 	beinte		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Ap	optied For
21		26 #9 SW 13TH		65-0345453		No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desi	5. Certificate of Status Desired		
City & State	3	City & State	17 5	6. Election Campaign Finan	cina	\$5.00	
23		28 FORT LAUCITRICIALE FL		Trust Fund Contribution			
Zip Country		7m =	Country	8. This corporation owes or	8. This corporation owes or has paid the current year Intangible		
24	25	29 33315	30 BROWA	Personal Property Tax du 10. Name and Address of N			No
nr.	9. Name and Address of Currer	nt Hegistered Agent	81 Name	10. Name and Address of r	iew Hegisterec /	Agent	
	NEAU, ROBERT A. D8 LAS CANAS CT						
	CKSONVILLE FL 32256		82 Street A	ddress (P.O. Box Number is Not Ad	ess (P.O. Box Number is Not Acceptable)		
U.A.	ONGONVILLE I E SEESO		83				
			84 City		FL	85 Zip (Code
agent. I a	egistered agent, or both, in the State in familiar with, and accept the obliga Signature, typed or pooted coincidings trace age	ations of, Section 607.0505, F	TE: Registered Agent signature in		DATE		
TITLE	DI TICI NO AIN	DELETE	1.1 TITLE		OT ICENS AND	Change	Addition
NAME	RENEAU, ROBERT A		1.2 NAME	P			
STREET ADDRESS	7808 LAS CANAS CT		1.3 STREET ADDRESS	20076			
ÇITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIP	32256			
TITLE	D	DELETE	2.1 TITLE	UD		Change	X Addition
NAME	reneau, jodi w		2.2 NAME	VP			
STREET ADDRESS	7808 LAS CANAS CT		2 3 STREET ADDRESS	32256			
CITY-ST-ZIP	JACKSONVILLE FL		2 4 CITY-ST-ZIP	34430		T-1 2.	
TITLE		DELETE	3 1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
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NAME		C) becelt	4 2 NAME			v.m.g.	
STREET ADDRESS			4.3 STREET ADDRESS				
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NAME			6 2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP		of A ii con I attended 1. 118	6 4 C/1Y-S1-ZIP	in Section 119.07(3)(i), Florida Sta	tidos I fielbor on	atif . At at the	luda ver ati an

indicated on this annual report or supplied with this ining does not quality for the exemption stated in Section 119.07(38). Florida Statutes, 1 further certify that the information indicated on this annual report is 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 open attackment with an address.