

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **V54144** (3)

Legal Entity Name

THE ERIN AUSTIN GROUP, INC.

95 MAY -1 AM 5:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

Principal Place of Business: 7101 W MCNAB RD, STE 103, TAMARAC FL 33321, US
Mailing Address: 7101 W MCNAB RD, STE 103, TAMARAC FL 33321, US

3. Date incorporated or qualified: 07/27/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0349328
5. Certificate of Status (Required) \$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 5-118(1)(2) Florida Statute: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUTLER, BRUCE S.
7101 W MCNAB RD
STE 103
TAMARAC FL 33321

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

11. The agent, the principal place of business (Sec. 190), and 607(1)(b), Florida Statute, the above named corporation submits this statement for the purpose of changing its registered office to the above agent or place in the State of Florida. Such change was authorized by the corporation's board of directors, if they do not appoint the agent as registered agent. I am aware of the provisions of Sections 607(1)(b) and 607(1)(c), Florida Statute.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	PD BUTLER, BRUCE S. 7101 W MCNAB RD, STE 103 TAMARAC FL	12.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VS BUTLER, ALICIA 7101 W MCNAB RD, STE 103 TAMARAC FL	12.2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		12.3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		12.4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		12.5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6		12.6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7		12.7	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8		12.8	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9		12.9	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10		12.10	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 117(2)(b), Florida Statute. I further certify that the information is stated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same effect as if made under oath. 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 Statute, and that my name appears in Block 1, or Block 2, of this report or on any attachment with an address.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95
Date

720-9100
Telephone