

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V54144** (3)
1. Corporation Name
THE ERIN AUSTIN GROUP, INC.



| | | | | | |
|---|---|--|---------------------------------------|--|--|
| 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 05/01/1995 |
| 2. Principal Place of Business 21 10771 N.W. 5th place Suite, Apt. #, etc. | 2a. Mailing Address 26 P.O. Box 770610 Suite, Apt. #, etc. | 4. FLI Number 65-0349328 | Applied For Not Applicable | | |
| 22 City & State 23 Coral Springs Fla. | 27 City & State 28 Coral Springs Fla | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | | |
| 24 33071 25 US | 29 33077 30 US | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | | |
| g. Name and Address of Current Registered Agent | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | |
|---|-----------------------------|--|-----------------|--|--|
| g. Name and Address of Current Registered Agent BUTLER, BRUCE S. 7101 W MCNAB RD STE 103 TAMARAC FL 33321 | | 10. Name and Address of New Registered Agent | | | |
| 81 Name | | | | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 10771 N.W. 5th place | | | | |
| 83 | | | | | |
| 84 City | Coral Springs | 85 Zip Code | FL 33071 | | |

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | PD | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BUTLER, BRUCE S. | 1.2 NAME | |
| STREET ADDRESS | 7101 W MCNAB RD, STE 103 | 1.3 STREET ADDRESS | 11848 N.W. 9th street |
| CITY-ST-ZIP | TAMARAC FL | 1.4 CITY-ST-ZIP | Coral Springs Fla 33071 |
| TITLE | VS | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BUTLER, ALICIA | 2.2 NAME | |
| STREET ADDRESS | 7101 W MCNAB RD, STE 103 | 2.3 STREET ADDRESS | 11848 N.W. 9th street |
| CITY-ST-ZIP | TAMARAC FL | 2.4 CITY-ST-ZIP | Coral Springs Fla 33071 |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: **4/26/96** Daytime Phone #: **796-1900**

CR2E034 (12/95)