

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

4/19/97 APPROVED
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E.A.

102-97-AUG-8 AM 8:03

\$ 200.00 SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT



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

1999

DOCUMENT # **V54144** (3)

1. Corporation Name
THE ERIN AUSTIN GROUP, INC.

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

3. Date Incorporated or Qualified **07/27/1992** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0476907** 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. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
9709 West Sample Rd. **Same**
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Coral Springs, FL
Zip Country Zip Country
33065 USA

9. Name and Address of Current Registered Agent
BUTLER, BRUCE S.
7101 W MCNAB RD
STE 103
TAMARAC FL 33321
9709 West Sample Rd.
Coral Springs, FL
33065

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **PD BUTLER, BRUCE S.**
STREET ADDRESS **7101 W MCNAB RD, STE 103**
CITY-ST-ZIP **TAMARAC FL**
TITLE DELETE
NAME **VS BUTLER, ALICIA**
STREET ADDRESS **7101 W MCNAB RD, STE 103**
CITY-ST-ZIP **TAMARAC FL**
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **9709 West Sample Rd**
1.4 CITY-ST-ZIP **Coral Springs, FL 33065**
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **9709 West Sample Rd**
2.4 CITY-ST-ZIP **Coral Springs, FL 33065**
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change 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 if changed, or on an attachment with an address.

SIGNATURE: **8/1/97** **957 796 1500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Fee #

CR2E034 (12/95)