

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90101 008 ***150.00

DOCUMENT # V54144

1. Corporation Name
THE ERIN AUSTIN GROUP, INC.

Principal Place of Business
9709 W. SAMPLE RD.
CORAL SPRINGS FL 33065
US

Mailing Address
9709 W. SAMPLE RD.
CORAL SPRINGS FL 33065
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1992

4. FEI Number
65-0349328

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **11848 NW 9th St**

26 **P.O. Box 110610**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Coral Springs, FL**

City & State

28 **Coral Springs, FL**

Zip Country

24 **33071** 25 **USA**

Zip Country

29 **33071** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUTLER, BRUCE S
9709 W. SAMPLE RD.
CORAL SPRINGS FL 33065

11848 NW 9th St
Coral Springs, FL
33071

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **BUTLER, BRUCE S**
STREET ADDRESS **9709 W. SAMPLE RD.**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

1.1 TITLE **Pres.** ☒ Change ☐ Addition
1.2 NAME **BUTLER, BRUCE S.**
1.3 STREET ADDRESS **11848 NW 9th St.**
1.4 CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **VS** ☐ DELETE
NAME **BUTLER, ALICIA**
STREET ADDRESS **9709 W. SAMPLE RD.**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

2.1 TITLE **VS** ☒ Change ☐ Addition
2.2 NAME **BUTLER, ALICIA**
2.3 STREET ADDRESS **11848 N.W. 9th St.**
2.4 CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BUTLER, BRUCE S.

Date

4/20/99

Daytime Phone #

954 - 796-1900

CR2E034 (11/98)

0161726