

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

**FILED**  
**Feb 16, 1996 08:00 AM**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 375939 (6)**

1. Corporation Name:  
**C.R. DUNN, INC.**



Principal Place of Business: **1200 OSCEOLA ROAD WEST PALM BEACH FL 33409**  
 Mailing Address: **1200 OSCEOLA ROAD WEST PALM BEACH FL 33409**

3. Date Incorporated or Qualified: **01/21/1971**      3a. Date of Last Report: **03/31/1995**  
 4. FEI Number: **59-1313393**      Applied For:  Not Applicable:   
 5. Certificate of Status Desired: **A**      \$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. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **1214 Pope Lane**      2a. Mailing Address: **1214 Pope Lane**  
 Site, Apt. #, etc.:      Suite, Apt. #, etc.:  
 22. City & State: **LAKE WORTH FL**      27. City & State: **LAKE WORTH FL**  
 23. Zip: **33460**      Country: **Palm Beach**      28. Zip: **33460**      Country: **PB Beach**  
 24.      25.      29.      30.

9. Name and Address of Current Registered Agent:  
**KIMBERLY A. DUNN**  
**1200 OSCEOLA DR**  
**WEST PALM BCH, FL**  
**WEST PALM BEACH FL 33409**

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 607.0507 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Print or type name of person who signed this report and the date of signature.)      (Print or type name of Agent's signature required when registering.)      (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P KIMBERLY A. DUNN</b>	1.2 NAME	
STREET ADDRESS	<b>2590 BEDFORD MEWS DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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: **2-12-96**      **407-585-2155**  
(Print or type name of signing officer or director.)      (Date)      (Telephone Number)

CR2E034 (12/95)