

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 12 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # F96000005498 (8)**

1. Corporation Name  
**CRESCENT GROUP, INC.**



Principal Place of Business  
**889 RIDGE LAKE BLVD., 2ND FL  
MEMPHIS TN 38120**

Mailing Address  
**889 RIDGE LAKE BLVD., 2ND FL  
MEMPHIS TN 38120-9425**

3. Date Incorporated or Qualified **10/23/1996**      3a. Date of Last Report

2. Principal Place of Business  
21 **243 W. Park Ave**  
State Apt. #, etc

2a. Mailing Address  
26 **243 W. Park Ave**  
Suite, Apt. #, etc

4. FEI Number **62-1400433**      Applied For  
Not Applicable

22 **Suite 104**  
City & State

27 **Suite 104**  
City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 **Winter Park FL**  
Zip Country

28 **Winter Park FL**  
Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **32789**      25  
Country

29 **32789**      30  
Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**TRUNCALE, ANNIE  
243 W. PARK AVENUE, STE 104  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent  
81 Name **HOWARD FEARW**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**243 W. Park Ave Ste 104**  
83  
84 City **Winter Park FL**      85 Zip Code **32789**

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]* **H.E. FEARW**      **7/24/97**  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PCD</b>	<input type="checkbox"/> DELETE
NAME	<b>VAWTER, NOELL</b>	
STREET ADDRESS	<b>2062 SW RACQUET CLUB DRIVE</b>	
CITY - ST - ZIP	<b>PALM CITY FL</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>WALLER, M E</b>	
STREET ADDRESS	<b>147 W LYMAN AVENUE</b>	
CITY - ST - ZIP	<b>WINTER PARK FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *[Signature]* **M. E. WALLER**      **4/29/97**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)