

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 19, 1999 8:00 am**  
**Secretary of State**

08-19-1999 90009 028 \*\*\*550.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F96000005498**

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

607925 - 90009 - 28



Principal Place of Business  
 243 W PARK AVE  
 SUITE 104  
 WINTER PARK FL 32789  
 US

Mailing Address  
 243 W PARK AVE  
 SUITE 104  
 WINTER PARK FL 32789  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **3727 SE Ocean Blvd**  
 Suite, Apt. #, etc. **100**  
 22  
 City & State **Stuart FL**  
 23  
 Zip **31994** Country  
 24

2a. Mailing Address  
 26 **3727 SE Ocean Blvd**  
 Suite, Apt. #, etc. **100**  
 27  
 City & State **Stuart FL**  
 28  
 Zip **31994** Country  
 29

3. Date Incorporated or Qualified  
**10/23/1996**

4. FEI Number  
**62-1400433** 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.  Yes  No

9. Name and Address of Current Registered Agent  
**APPLEBY, KAREN**  
 243 W PARK AVE, STE 104  
 WINTER PARK FL 32789

10. Name and Address of New Registered Agent  
 81 Name **Noell P. Vawter**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**3727 SE Ocean Blvd #100**  
 83  
 84 City **Stuart** FL 85 Zip Code **31994**

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]* (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 checked="" 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 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]* REQUIRE *[Signature]* *[Signature]*

CR2E034 (5/99)