FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G17823** **(7)**

1. Corporation Name
JAMES M. CRAWFORD, INC.

Principal Place of Business
6265 E. SAWGRASS RD.
SARASOTA FL 34240

Mailing Address
6265 E. SAWGRASS RD.
SARASOTA FL 34240

3. Date Incorporated or Qualified: 12/31/1982
3a. Date of Last Report: 01/20/1995

4. FEI Number: 59-2242575 — 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. 199.032, Florida Statutes: [X] Yes [ ] No

2. Principal Place of Business
21 3180 NW 72 AVE
Suite, Apt. #, etc.
22
City & State
23 MIAMI, FL
Zip 24 33122 Country 25 DADE

2a. Mailing Address
26 3180 NW 72 AVE
Suite, Apt. #, etc.
27
City & State
28 MIAMI, FL
Zip 29 33122 Country 30 DADE

9. Name and Address of Current Registered Agent
PEREZ, RONALD E.
10006 N. DALE MABRY
SUITE 112
TAMPA FL 33618

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 Section 607.0502 and 607.1505, 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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P S T D	CRAWFORD, JAMES M.	~~6265 E. SAWGRASS RD.~~ 3180 NW 72 AVE	~~SARASOTA FL~~ MIAMI, FL 33122	[ ]
				[ ]
				[ ]
				[ ]
				[ ]
				[ ]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				[ ]	[ ]
				[ ]	[ ]
				[ ]	[ ]
				[ ]	[ ]
				[ ]	[ ]
				[ ]	[ ]

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is accurate, and that I am authorized, for the purposes of Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 business agent of the corporation filing the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is an attachment with an address.

SIGNATURE: J. M. C. — 4-04-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE