

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

FILED
37 MAR 24 PM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # L61382
 1. Corporation Name
CRESCENT HEIGHTS SALES, INC.

Principal Office Address Mailing Address
999 Washington Avenue (same)
Miami Beach, Florida 33139

2. Date of Incorporation or Qualified		3a. Date of Last Report	
3/30/90		1996	
21. Mailing Address		4. FEI Number	
28. Suite Apt # etc		65-018033	
22. City & State		Applied For	
27. City & State		Not Applicable	
23. ZIP		5. Certificate of Status Desired	
29. Country		<input type="checkbox"/> \$8.75 Additional Fee Required	
24. ZIP		6. Election Campaign Financing Trust Fund Contribution	
25. Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
29. ZIP		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
30. Country		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				01 Name Abraham A. Galbut, Esq.			
				02 Street Address (P.O. Box Number is Not Acceptable) 999 Washington Avenue			
				03			
				04 City Miami Beach FL 05 Zip Code 33139			

11. Pursuant to the provisions of Sections 607.0252 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 and accept the obligations of Section 607.0255, Florida Statutes.

SIGNATURE: *Abraham A. Galbut* (Typed Name) *3/21/97* (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D Abraham Galbut	11 TITLE	
NAME	999 Washington Avenue	12 NAME	
STREET ADDRESS	Miami Beach, Florida	13 STREET ADDRESS	
CITY-STATE-ZIP		14 CITY-STATE-ZIP	
<input type="checkbox"/> DELETE		21 TITLE	
TITLE	STD RUSSELL GALBUT	22 NAME	
NAME	999 Washington Avenue	23 STREET ADDRESS	
STREET ADDRESS	Miami Beach, Florida	24 CITY-STATE-ZIP	
<input type="checkbox"/> DELETE		31 TITLE	
TITLE	PD SONNY KAHN	32 NAME	
NAME	999 Washington Avenue	33 STREET ADDRESS	
STREET ADDRESS	Miami Beach, Florida	34 CITY-STATE-ZIP	
<input type="checkbox"/> DELETE		41 TITLE	
TITLE		42 NAME	
NAME		43 STREET ADDRESS	
STREET ADDRESS		44 CITY-STATE-ZIP	
<input type="checkbox"/> DELETE		51 TITLE	
TITLE		52 NAME	
NAME		53 STREET ADDRESS	
STREET ADDRESS		54 CITY-STATE-ZIP	
<input type="checkbox"/> DELETE		61 TITLE	
TITLE		62 NAME	
NAME		63 STREET ADDRESS	
STREET ADDRESS		64 CITY-STATE-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. 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.

Abraham A. Galbut (Signature) *3/21/97* (Date)

CR00004 (1996)