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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # M20701 (2)

1. Corporation Name: CRAWFORD, AKERMAN & ASSOCIATES, INC.

Principal Place of Business: 1800 N.W. 183RD STREET SUITE 100C MIAMI FL 33169 US
Mailing Address: % ALBERT E. SCHRADER JR. 295 SEVILLA AVENUE CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified: 09/16/1985
3a. Date of Last Report: 04/15/1994

4. FEI Number: 59-2501544
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

9. This corporation has liability for intangible tax under S. 199.022, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

SCHRADER, ALBERT E. JR. 295 SEVILLA AVENUE CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Michael F. Schrader
82 Street Address: 295 Sevilla Avenue
83 City: Coral Gables, Fl. 33134
84 City: FL 85 Zip Code

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: Michael F. Schrader, MICHAEL F. SCHRADER, ATTY-AT-LAW
Date: 4/14/95

Table 12: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: PD AKERMAN, FRANCIS E., 18900 N.W. 19TH AVE., OPA LOCKA FL.

Table 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, etc.

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Francis E. Akerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/95 (305) 654-8407
Date License No.