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**Feb 03 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 # P94000020556 (4)

1. Corporation Name
CRIFASI REAL ESTATE, INC.



Principal Place of Business Mailing Address
38 MYRTLE RD. NAPLES FL 33963 **38 MYRTLE RD. NAPLES FL 34108-2641**

3. Date Incorporated or Qualified **03/16/1994** 3a. Date of Last Report **05/01/1996**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt #, etc.	27	Suite, Apt #, etc.		NOT APPLICABLE	Not Applicable
23	City & State	28	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THOMPSON, STEPHEN E 3003 TAMAMI TRAIL NORTH SUITE 270 NAPLES FL 33940				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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT
NAME	CRIFASI, JACK SR.	1.2 NAME	CRIFASI JACK Joseph
STREET ADDRESS	% 38 MYRTLE RD.	1.3 STREET ADDRESS	38 MYRTLE RD
CITY-ST-ZIP	NAPLES FL 33963	1.4 CITY-ST-ZIP	NAPLES, FLA 34108
TITLE	VP	2.1 TITLE	Vice-President
NAME	CRIFASI, JACK JOSEPH	2.2 NAME	CRIFASI, JACK SR
STREET ADDRESS	38 MYRTLE RD	2.3 STREET ADDRESS	38 MYRTLE RD
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES, FLA 34108
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* DATE: **1/27/97**

CR2E034 (9/96)