

COND 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
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90012 008 ***550.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P95000007764**
 Corporation Name

CRANDON HOLDINGS, INC.



Principal Place of Business	Mailing Address
1 CRANDON BOULEVARD 04 KEY BISWAYNE FL 33149	1111 CRANDON BOULEVARD B-104 KEY BISWAYNE FL 33149

DO NOT WRITE IN THIS SPACE

Principal Place of Business 55 OCEAN LANE DRIVE	2a. Mailing Address 55 OCEAN LANE DRIVE	3. Date Incorporated or Qualified 01/16/1995
Suite, Apt. #, etc. 3022	Suite, Apt. #, etc. 3022	4. FEI Number 65-0638878
City & State KEY BISWAYNE	City & State KEY BISWAYNE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 33149	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent RAMIREZ, MANUEL A CASTRO & RAMIREZ, P.A. 1001 SOUTH BAYSHORE DRIVE., #2410 MIAMI FL 33131	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

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
STREET ADDRESS PSD VOLPE, GIOVANNI 1111 CRANDON BLVD, B104 KEY BISWAYNE FL 33149	<input type="checkbox"/> DELETE	1.1 TITLE PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	1.2 NAME VOLPE, GIOVANNI	
STREET ADDRESS	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS 55 OCEAN LANE DR. # 3022	
STREET ADDRESS	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP KEY BISWAYNE, FL. 33149	
STREET ADDRESS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	2.2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
STREET ADDRESS	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
STREET ADDRESS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
STREET ADDRESS	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
STREET ADDRESS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	4.2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
STREET ADDRESS	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
STREET ADDRESS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	5.2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
STREET ADDRESS	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
STREET ADDRESS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	6.2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
STREET ADDRESS	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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 in 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: **GIOVANNI VOLPE** JULY 1/99 305-361-6727
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)