

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000015861 (2)

1. Corporation Name
CREW CALL, INC.



Principal Place of Business: **5668 COMMERCE DRIVE SUITE 102 ORLANDO FL 32839**
 Mailing Address: **5668 COMMERCE DRIVE SUITE 102 ORLANDO FL 32839**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 775 S. Kirkman Road		26 775 S. Kirkman Road		02/18/1997	
22 Suite, Apt. #, etc. Suite 109		27 Suite, Apt. #, etc. Suite 109		4. FEI Number 593428012	
23 City & State Orlando, FL		28 City & State Orlando, FL		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
24 Zip 32811		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 32811		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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			
ALONZO, EVA 5668 COMMERCE DRIVE SUITE 102 ORLANDO FL 32839				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				775 South Kirkman Road			
				Suite 109			
				83 City			
				Orlando			
				84 State			
				FL			
				85 Zip Code			
				32811			

11. Pursuant to the provisions of Sections 607.0602 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: *Eva Alonzo* **EVA ALONZO, President** 1/12/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DONOHER, DANIEL F			1.2 NAME	John A.C. Alonzo		
STREET ADDRESS	5668 COMMERCE DR, STE 102			1.3 STREET ADDRESS	775 South Kirkman Road, Suite 109		
CITY-ST-ZIP	ORLANDO FL 32839			1.4 CITY-ST-ZIP	Orlando Florida 32811		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALONZO, EVA			2.2 NAME	EVA ALONZO		
STREET ADDRESS	5668 COMMERCE DR, STE 102			2.3 STREET ADDRESS	775 S. Kirkman Road, Suite 109		
CITY-ST-ZIP	ORLANDO FL 32839			2.4 CITY-ST-ZIP	Orlando, FL 32811		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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: *Eva Alonzo* **EVA ALONZO President** 1/12/98 398-5912

CR2E034 (10/97)