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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500003547 (5)

CRESLEIGH MANAGEMENT, INC.

	IA ST., 7TH FL. CO GA 94104-2011		NIA ST., 7TH FI ICO CA 94104-2					
					3. Date Incorporated or Qualified 3a. Date of Last Report 07/24/1995 05/01/1996			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				94-3033518		Not Applicable
Suite, Apt	#, elc	Suite, Ap	t. #, etc.		•	5. Certificate of Status Desired	□ \$8.	75 Additional
22		27				5. Certificate of Status Desired	F-	ee Required
C ty & State	e	City & Sta	ate			6. Election Campaign Financing	\$5	.00 May Be
23		28				Trust Fund Contribution		ded to Fees
Zip	Country	Zip		Country	,	8. This corporation has fiability for i	ntangible tax un	der s. 199.032,
24	25	29	30	0			Yes No	
	9. Name and Address of Currer	nt Registered Age	nt			10. Name and Address of New Re-	pistered Agent	
MR.	JOHN MACKEY			81	Name			
	O AUGUSTA NATIONAL DRIVE			90	Caraca Andre	/DO David about 1	1-3	<u> </u>
ORLANDO FL 32822				82	82 Street Address (P.O. Box Number is Not Acceptable)			
Uni	ANDO IL SECZE			83				
				84	City		85	Zip Code
					<u> </u>		FL °°	
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607,1508, F o of Florida, Such c	lorida Statutes hanne was aut	, the abov	e-named cor the coroora	rporation submits this statement for the p	urpose of chang	jing its registered
agent la	m familiar with, and accept the oblig	jations of, Section 6	607.0505, Florid	da Statute	S.	ation's board of directors. I hereby accep	t the appointme	in da registered
SIGNATURE								
	Signature, type dioriphisted harne of registerest ag	ent aud tille if applicable	(NOTE F	Registered Ag	ent signature requ	uired when reinstating)	DATE	
12.	OFFICERS AN	ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	CP] DELETE	11 TITLE			☐ Ch	ange 🔲 Addition
NAME	LUI, LAWRENCE Y			1.2 NAME				
STREET ADDRESS	433 CALIFORNIA ST., 7TH FL			1.3 STREET	ADDRESS			
CITY ST-ZIP	SAN FRANCISCO CA 94104-2			1.4 CITY-5				
TITLE	DV		DELETE	2.1 TITLE	<u> </u>		☐ Ch	ange Addition
NAME	CARTER, ANTONY	•		22 NAME	į		<u> </u>	
	433 CALIFORNIA ST., 7TH FL							
STREET ACORESS				2.3 STREET		<u></u>	. •	
CHY-ST ZIP	SAN FRANCISCO CA 94104-2		T not ext	2. 4 CITY -	ST-ZIP			
TITLE	D	L] DELETE	3.1 TITLE			Ch	ange [_] Addition
NAME	LUI, GORRETTI			3.2 NAME				
STREET ADDRESS	433 California St., 7th Fl			3.3 STREET	ADORESS			
CITY ST ZIF	SAN FRANCISCO CA 94104-2	011		3.4. CITY-	ST-ZIP			
TITLE	S] DELETE	4.1 TITLE		***	☐ Ch	ange Addition
NAME	WEIBLE, JOYCE M			4. 2 NAME				
STREET ADURESS	433 CALIFORNIA ST., 7TH FL			4.3 STREE	ADDRESS			
CITY - ST - ZIF	SAN FRANCISCO CA 94104-2			4.4 CITY - S				
TITLE	CFOT CFOT		DELETE	5.1 TITLE	/1 - E11		Ch	ange Addition
NAME	LEUNG, WILFRED	<u></u>		5.2 NAME			UII 011	
STREET ADORESS	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ADDRESS			
COY-ST ZIP	SAN FRANCISCO CA 94104-2		Theire	5.4 CITY - 5	ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE		L] DELETE	6.1 TITLE			☐ Ch	ange 🔲 Addition
NAME				6.2 NAME	-			
STREET ADORESS				6.3 STREET	ADDRESS			

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). Fiorida 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

SIGNATURE:

appears in Block 12 or Block 13 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 7, 1997 415/398-3333

FILED

Mar 12 1997 8:00am

Secretary of State