

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

FILED

Apr 18 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **239033** (4)

1. Corporation Name  
**CRESTHAVEN ENTERPRISES, INC.**

Principal Place of Business  
**P.O. BOX 810397  
BOCA RATON FL 33481-0397  
US**

Mailing Address  
**P.O. BOX 810397  
BOCA RATON FL 33481-0397  
US**



<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		<b>3. Date Incorporated or Qualified</b> <b>08/01/1960</b>	<b>3a. Date of Last Report</b> <b>03/13/1996</b>
<b>4. FEI Number</b> <b>59-0908960</b>		Applied For Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> <b>YORRA, DAVID</b> <b>17827 DEAUVILLE LANE</b> <b>BOCA RATON 33496</b>				<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_

<b>12. OFFICERS AND DIRECTORS</b>				<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
TITLE	PTD	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	YORRA, DAVID		12 NAME				
STREET ADDRESS	17827 DEAUVILLE LANE		13 STREET ADDRESS				
CITY - ST - ZIP	BOCA RATON, FL3		14 CITY - ST - ZIP				
TITLE	VSD	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	YORRA, JUDITH		22 NAME				
STREET ADDRESS	17827 DEAUVILLE LANE		23 STREET ADDRESS				
CITY - ST - ZIP	BOCA RATON FL		24 CITY - ST - ZIP				
TITLE	D	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DRUFKE, JOSEPH		32 NAME				
STREET ADDRESS	6945 NW 18TH ST		33 STREET ADDRESS				
CITY - ST - ZIP	MARGATE FL		34 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			42 NAME				
STREET ADDRESS			43 STREET ADDRESS				
CITY - ST - ZIP			44 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			52 NAME				
STREET ADDRESS			53 STREET ADDRESS				
CITY - ST - ZIP			54 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY - ST - ZIP			64 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:

*David Yorra*

DAVID YORRA-Pres.

4/14/97

561-241-8573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CP2E034 (9/96)