

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

PROFIT CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26 1999 8:00 am
Secretary of State

DOCUMENT # 326670

1. Corporation Name
CRESTVIEW MANOR, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
226 PALAFOX PL
3RD FLOOR
PENSACOLA FL 32504
US

Mailing Address
226 PALAFOX PL
3RD FLOOR
PENSACOLA FL 32504
US

2. Principal Place of Business
21 909 Gardengate Circle
Suite, Apt. #, etc.
22
City & State
23 Pensacola, FL
Zip Country
24 32504 25 US

2a. Mailing Address
26 909 Gardengate Circle
Suite, Apt. #, etc.
27
City & State
28 Pensacola, FL
Zip Country
29 FL 32504 30 US

3. Date Incorporated or Qualified
02/21/1968

4. FEI Number
59-1309527 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
MAGGIO, R B
226 PALAFOX PLACE
3RD FLOOR
PENSACOLA FL 32504

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
909 Gardengate Circle
83
84 City Pensacola FL 85 Zip Code 32504

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGGIO, R B	1.2 NAME	
STREET ADDRESS	226 PALAFOX PLACE, 3RD FLOOR	1.3 STREET ADDRESS	909 Gardengate Circle
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Pensacola, FL 32504
TITLE	VST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGGIO, R B	2.2 NAME	
STREET ADDRESS	226 PALAFOX PLACE, 3RD FLOOR	2.3 STREET ADDRESS	909 Gardengate Circle
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	Pensacola, FL 32504
TITLE		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		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		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		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 change 1, or on an attachment with an address, with all other like empowered

SIGNATURE: _____ DATE: 02/16/99 DAYTIME PHONE #: 850/479-1012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)