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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 388593

CRESTFIELD TRADING COMPANY, INC.

(6)

FILED
Jan 27 1997 8:00am
Secretary of State



Principal Place 692 PERSONS P O BOX 384 E AURORA NY	ST.	Mailing Address 692 PERSONS ST. P O BOX 384 E AURORA NY 14052-0384		3. Date Incorporated or Qualified	3a. Date of Last Report
	(1)	[ <b>6</b> - 14 (1	······	09/21/1971	05/29/1996
	Ace of Business PERSONS	2a. Mailing Address 26 Prog Rak	384	4. FEI Number 16-0998566	Applied For Not Applicable
Suite, Apt	#. etc.	26 <b>P. O. B. A.</b> Suite, Apt. #, etc.	307		- \$9.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	T AURORA NY	City & State 28 EAST AL	MORA NOY	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has flability for in	
24 140;		29 1005 2 30	Erve		Yes No
DOL	9, Name and Address of Current ES, DONNA	Registered Agent	81 Name	10. Name and Address of New Rec	listered Agent
	Y ROAD 220, RT. 3		Name		
CHEFLND FL 32626			82 Street Address (P.O. Box Number is Not Acceptable)		e)
<b>₩</b>	g		83		
			84 City		FL 85 Zip Code
12.	Signature Typed or predect can eight registered agent OFFICERS AND	DIRECTORS	ngistered Agent signature requirements.	red when reinstaling) ADDITIONS/CHANGES TO OFFIC	
TITLE	PURCED CEOPOR	DELETE	1.1 TITLE		Change Addition
NAME	BURGER, GEORGE RURAL ROUTE 3, BOX 428		1.2 NAME		
STREET ADDRESS	PERRY FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	T\$	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Additio
NAME	PATTI, RUSSELL J.	vecen	2.2 NAME		
STREET ADORESS	692 PERSONS ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	E. AURORA NY		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
name.			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
C(fY-S1-ZIP		☐ DELETE	34. CITY-ST-ZIP 41 TITLE		Change Addition
TITLE NAME		f"] pririt	4 F 111LE 4. 2 NAME	•	Circula Ci Villium
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP		,	4.4 CITY - ST - ZIP		
TITLE		☐ DELETÉ	5.1 TITLE		Change Additio
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CHY-SI-ZIP			5.4 CITY-ST-ZIP		·····
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME .		
CTREET ACTOR CO	1		E 2 CTOTES ADDRESS		

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 I changed, or on an attachment with an address.