FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **413977** **(0)**

1. Corporation Name

C-RAN CORPORATION

Principal Place of Business	Mailing Address
699 4TH ST. N.W. LARGO FL 34640	699 4TH ST. N.W. LARGO FL 34640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/04/1972**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-1440242** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KRUGER, ARTHUR C. JR.
1853 VENETIAN PT DRIVE
CLEARWATER FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE		☒ Change ☐ Addition
NAME	HALLAM, MAURICE	12 NAME		
STREET ADDRESS	1449 NORMANDY PARK 7	13 STREET ADDRESS	699 4th St. N.W.	
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	Largo, Fl. 34640	
TITLE	PD	21 TITLE		☒ Change ☐ Addition
NAME	KRUGER, ARTHUR C., JR	22 NAME		
STREET ADDRESS	1853 VENETIAN PT. DR.	23 STREET ADDRESS	699 4th St. N.W.	
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	Largo, Fl. 34640	
TITLE	TD	31 TITLE		☒ Change ☐ Addition
NAME	KRUGER, PAMELA	32 NAME		
STREET ADDRESS	1853 VENETIAN PT. DR.	33 STREET ADDRESS	699 4th St. N.W.	
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	Largo, Fl. 34640	
TITLE	EVD	41 TITLE		☒ Change ☐ Addition
NAME	ROSE, MARK ANTHONY	42 NAME		
STREET ADDRESS	1560 SAN ROY DR	43 STREET ADDRESS	699 4th St. N.W.	
CITY-ST-ZIP	DUNEDIN FL	44 CITY-ST-ZIP	Largo, Fl. 34640	
TITLE	SD	51 TITLE		☒ Change ☐ Addition
NAME	ROSE, NILA J.	52 NAME		
STREET ADDRESS	1560 SAN ROY DRIVE	53 STREET ADDRESS	699 4th St. N.W.	
CITY-ST-ZIP	DUNEDIN FL	54 CITY-ST-ZIP	Largo, Fl. 34640	
TITLE	VD	61 TITLE		☒ Change ☐ Addition
NAME	TRANGAS, MADELEINE I	62 NAME		
STREET ADDRESS	3324-30TH ST NORTH	63 STREET ADDRESS	699 4th St. N.W.	
CITY-ST-ZIP	ST PETERSBURG FL	64 CITY-ST-ZIP	Largo, Fl. 34640	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Mark A. Rose MARK A. ROSE 4-27-95 (813) 585-3850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0469870 FP