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FILED

Feb 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 413977 (0)

1. Corporation Name
C-RAN CORPORATION

Principal Place of Business

699 4TH ST. N.W.
LARGO FL 34640

Mailing Address

699 4TH ST. N.W.
LARGO FL 33770-2408

3. Date Incorporated or Qualified
12/04/1972

3a. Date of Last Report
05/01/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HALLAM, MAURICE	
STREET ADDRESS	699 4TH ST., N.W.	
CITY - ST - ZIP	LARGO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KRUGER, ARTHUR C., JR	
STREET ADDRESS	699 4TH ST., N.W.	
CITY - ST - ZIP	LARGO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KRUGER, PAMELA	
STREET ADDRESS	699 4TH ST., N.W.	
CITY - ST - ZIP	LARGO FL	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	ROSE, MARK ANTHONY	
STREET ADDRESS	699 4TH ST., N.W.	
CITY - ST - ZIP	LARGO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROSE, NILA J.	
STREET ADDRESS	699 4TH ST., N.W.	
CITY - ST - ZIP	LARGO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NASON, MADELENE I	
STREET ADDRESS	699 4TH ST., N.W.	
CITY - ST - ZIP	LARGO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	NASON, MADELEINE, I
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), 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: *Madeleine Nason* Madeleine Nason, Director 2/14/97 (813) 585-3850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)