

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

FILED

May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 ~~34640~~
33770

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/04/1972	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1440242	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KRUGER, ARTHUR C. JR. 1853 VENETIAN PT DRIVE CLEARWATER FL				81	Name Kruger, Arthur C. Jr.		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	110 Osprey Lane		
				84	City Palm Harbor,	85	Zip Code FL 34683

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 fee 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	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HALLAM, MAURICE			1.2 NAME			
STREET ADDRESS	699 4TH ST., N.W.			1.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	C.E.O. / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRUGER, ARTHUR C., JR			2.2 NAME			
STREET ADDRESS	699 4TH ST., N.W.			2.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	VP / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRUGER, PAMELA			3.2 NAME			
STREET ADDRESS	699 4TH ST., N.W.			3.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL			3.4 CITY-ST-ZIP			
TITLE	EVD	<input type="checkbox"/> DELETE		4.1 TITLE	PRESIDENT / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSE, MARK ANTHONY			4.2 NAME			
STREET ADDRESS	699 4TH ST., N.W.			4.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL			4.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE	TREASURER / SECRETARY / DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSE, NILA J.			5.2 NAME			
STREET ADDRESS	699 4TH ST., N.W.			5.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL			5.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NASON, MADELEINE I			6.2 NAME	NASON, MADELEINE I		
STREET ADDRESS	699 4TH ST., N.W.			6.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL			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 changed, or on an attachment with an address.

SIGNATURE: Nila Rose, Nila Rose, 4-22-98 (012) 595-3050

CR2E034 (10/97)