Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 413977

1. Corporation Name

Suite, Apt. #, etc.

Palm Harbor

City & State

C-RAN CORPORATION

Principal Place of Business	Mailing Address			
699 4TH ST. N.W. LARGO FL 34640	699 4TH ST. N.W. LARGO FL 33770 US			
2. Principal Place of Business 21 110 Osprey Lane	2a. Mailing Address 26 P.O. Box 177			

27

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Suite, Apt. #, etc.

Palm Harbor

34682-0177

City & State

Zip 34683 USÁ 25 29 9. Name and Address of Current Registered Agent

Country

- KRUGER, ARTHUR C. JR. 110 OSPREY LANE
- PALM HARBOR FL 34683

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90125 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

12/04/1972

4. FEI Number 59-1440242

		1						
		84	" 1	F	L_	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 A	<u>ND DIRE</u>			
TITLE	VD DELETE	1.1 TATLE		VD	□ <mark>,</mark> Cha	inge 🗌 Addition		
NAME	HALLAM, MAURICE	1.2 NAME		Hallam, Maurice				
STREET ADDRESS	699 4TH ST., N.W.	1.3 STREE	T ADORESS	110 Osprey Lane				
CITY-ST-ZIP	LARGO FL	1.4 CITY-S	iT-ZIP	Palm Harbor, FL. 34683		·		
TITLE	CEPD DELETE	2.1 TITLE		CEPD	Cha	ange 🗌 Addition		
NAME	Kruger, Arthur C., Jr	2.2 NAME		Kruger, Arthur C., JR.				
STREET ADDRESS	699 4TH ST., N.W.	2.3 STREE	T ADDRESS	110 Osprey Lane				
CITY-ST-ZIP	-LARGO FL	2.14 CITY-	ST-ZIP	Palm Harbor, FL. 34683				
TITLE	VPD □ DELETE	3.1 TITLE		VPD	☐ Cha X	inge 🔲 Addition		
NAME	KRUGER, PAMELA	3.2 NAME		Kruger, Pamela		,		
STREET ADDRESS	699 4TH ST., NW.	3.3 STREE	T ADORESS	110 Osprey Lane		ì		
CITY-ST-ZIP	LARGO FL	3.4. CITY-	ST-ZIP	Palm Harbor, FL. 34683				
TITLE	PD DELETE	4.1 TITLE		PD	K Cha	ange		
NAME	ROSE, MARK ANTHONY	4. 2 NAME						
STREET ADDRESS	699 4TH ST., N.W.	4.3 STREE	TADDRESS	Rose, Mark Anthony				
CITY-ST-ZIP	LARGO FL	4.4 CITY-5	ST-ZIP	110 Osprey Lane <del>  Palm Harbor, FL. 34683</del>				
TITLE	TSD DELETE	5.1 TITLE		TSD	☐ Cha ×	ange 🗌 Addition		
NAME	ROSE, NILA J.	5.2 NAME		Rose, Nila J.	41			
STREET ADDRESS	699 4TH ST., N.W.	5.3 STREE	TADORESS	110 Ósprev Lane				
CITY-ST-ZIP	LARGO FL	5.4 CITY-S	ST-ZIP	Palm Harbor, FL. 34683	- <del>V</del>			
TITLE	VD □ DELETE	6.1 TITLE		VD	<b>Č</b> Cha	ange 🗌 Addition		
	MACON MADELEINE E	6.2 NAME		Nacon Madalaine F		Į.		

FI.

Country

USA

81 Name

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

699 4TH ST., N.W.

LARGO FL

110 Osprey Lane

Palm Harbor, FL.

34683